

**Individual Training
Account (ITA)
Packet**

SCHOLARSHIP APPLICATION FOR TRAINING
Funded by Individual Training Account (ITA)

Thank you for your interest in pursuing training to increase your career opportunities. As you know, employers today require a well-trained skilled workforce.

Specialized training in a vocational field may help you find that job you've always dreamed of! The Individual Training Account / Scholarship process will provide you with the information you need to make a self-informed choice about your employment future and the training to support your decision.

To be able to enter vocational training or retraining programs, several steps are necessary. The goal of vocational training is to develop job specific skills that will lead to employment. This means that you must understand the training choices available to you, your suitability for a particular occupation, the job that you should be able to get with this training, the starting wages in this field, how long it will take you and how you will survive during this time of training. The attached documents will help answer these questions and insure your success in this opportunity.

Career Choice: It is important to research the career that you are interested in. It must be in an occupation that is in demand. In other words, there must be employment in that field at the end of your training. You will need to complete some labor market research to establish demand, prevailing wages and advancement opportunities for the occupation you're interested in pursuing. You will need to explain why you have selected this area of study and the particular training institution. To further research your chosen field, you will need to do some investigation and complete the forms included in this packet.

School Choice: It is also important to research the schools and programs that lead to your career goal. Program completion and placement rates must be considered. You need to make an informed decision when you choose the school and program you wish to attend.

Requirements:

1. The vocational training program that you have selected must be on the Washington State Eligible Training Provider List. www.wtb.wa.gov/etp
2. You must have finished prerequisite courses and be accepted into the vocational training program before your Scholarship can be awarded.
3. You must be able to fulfill the attendance requirements-as defined by the training institution.
4. You must be eligible and registered with People for People/Columbia Gorge WorkSource WIA I-B Program. You will be expected to fulfill customer responsibilities as outlined on the attached training agreement.

How to apply: After your Scholarship (ITA) orientation with your training consultant, complete the Scholarship Application Packet and return to:

WorkSource
(Address)
(Phone)

Occupational Research Form (please print)

Applicant Name: _____

Position you are researching? _____

Company Name: _____

Address: _____ Phone: _____

Contact person: _____ Title: _____

Suggested Questions:

What qualifications, skills, and personal characteristics are required or important for this job?

Do you need education/training to be considered for this job? If so, what type? _____

Is this training offered through schools listed on the Eligible Training Providers List? (yes) (no)
circle one

If yes, which schools? _____

Are the positions full-time? _____

What is the entry-level salary range for the position? _____

Could you please describe advancement opportunities? _____

Does this job have any special requirements such as travel, shift work, special licenses, etc.? _____

Is this job a growth occupation? _____ If yes, attach documentation.

If not, is an employer willing to hire you upon completion of your training? _____ If yes, attach documentation.

What are the advantages of working in this occupation? (please list three) _____

What are the disadvantages of working in this occupation? (please list three) _____

Applicant signature _____ Date: _____

Scholarship/Training Account Agreement

By accepting this Training Scholarship, I agree to these conditions:

I understand that my scholarship will not become active until I have:

1. Successfully completed the application, completed an assessment and an Individual Employment Plan *and*
2. Submitted all required documents *and*
3. Determined eligible for WIA services *and*
4. Applied for all other sources of financial aid that may be available, e.g. PELL grant, etc. WorkSource staff is available to assist in completing application if necessary.

I understand that the purpose of the Training Scholarship is for me to complete training and to get a job within 90 days of the end of my training program.

I understand that my Scholarship may be applied only to those classes necessary for me to complete my vocational certification or degree, license or other credential.

I understand that I must maintain full-time student status as defined by my training institution, or complete the training program as described in my Individual Employment Plan.

I understand that it is my responsibility to contact my Training Consultant at least once a month, and to provide a copy of my grade reports each grading period. *I realize that failure to do this, poor attendance, unacceptable grades, or unsatisfactory progress my result in the loss of this Scholarship.*

I agree to stay in contact with my Training Consultant after training completion and participate actively in job search until I find a job, and to furnish information requested regarding my job. I understand I will be contacted regularly for up to a year after training is complete, and I agree to furnish information on my job including wages and benefits and to answer questions willingly and accurately.

I understand that this is not an entitlement program, and that program funds my change.

I hereby attest that I have received an orientation of the Scholarship/Individual Training Account, that I actively participated in evaluating this training program and school, and that the final choice to attend this training provider is mine.

Applicant Signature: _____ Date: _____

Training Consultant Signature: _____ Date: _____

Checklist for Scholarship/ITA Application Packet

- Orientation Handout (we talked about an informational letter)
- Application Packet (list pages)
- Occupational Research (LMI research)
- Training Account Agreement
- Budget Worksheet
- School Funding Worksheet
- Copy of Award Letter or Letter of Denial
- Individual Employment Plan
- Classroom Training Agreement
- Tool Agreement
- Pre Scholarship Review Sheet (initials and date)

Pre-Scholarship Review Sheet

- Yes No On Eligible Training Provider List
- Yes No Has applied for PELL and other financial aid
- Yes No Demand Occupation? If yes, what is it? _____
- Yes No Documentation attached
- Yes No Adequate Resources available for customer to successfully complete training (financial and support) _____
- Yes No Accurate, Timely, Completion of Application
- Yes No Suitability, attendance, timeliness,
- Yes No Meets prerequisites for proposed training (i.e. basic skills)

Other Comments: _____

Approve Yes No

If no, alternate recommendation _____

Example would be recommending basic skills to develop math skills, recommend WEX to develop work readiness skills...

Counselor Signature:

Date:

Congratulations!!

You have been selected to receive a scholarship in the amount of _____ for _____ training. If you accept these training funds, you also agree to ALL of the following conditions and responsibilities:

- You will maintain monthly contact with your Career Development Counselor
- You will promptly provide information to your Career Development Counselor about changes regarding address/phone number, family or financial status, and class schedule PRIOR to enrollment.
- You will provide copies of grade reports and attendance reports to your Career Development Counselor each quarter as soon as you receive them.
- You will maintain GPA of 2.0 or better, if required by your program.
- After completion of your training, you will continue contact with your Career Development Counselor for up to one year and promptly provide information about your job once you are employed.

If at any time during your training period, you choose not to meet these requirements; your Scholarship may be terminated.

If you agree to these terms and accept this Scholarship, please sign below and return this letter. A copy is enclosed for you to sign and keep with your records. Your Scholarship will be in the form of a contract with, as your Career Development Counselor has already discussed with you. As soon as the contracts are finalized, you will receive a copy for your records. If you have any questions, please call me.

Again, congratulations and best of luck with your upcoming training!

Sincerely,

Career Development Counselor

I accept this Training Scholarship and agree to all of the above terms. I understand that this program is not an entitlement and that program funds may change from year to year.

Applicant Signature: _____ Date: _____

Letter of Denial

To:
From:
Date:

The Scholarship Review Committee has reviewed your Scholarship Application for Training and has made the following recommendations:

(Example) We are unable to fund your Scholarship at this time because the training program that you have selected requires that you have a GED, and our records show that you do not have your GED. The Committee is recommending that you meet with your Career Counselor who will assist you in attaining your GED so you will have the skills to enter this training program. Once you meet the minimum requirement for this training program, we will be happy to revisit your application.

You have the right to file a complaint on this decision with the Scholarship Review Committee. If your concerns are not resolved by speaking with the Committee, you may contact *People for People or Columbia Gorge* Program Manager at (phone number) and/or mail your complaint in writing to (address).

(If they are still not satisfied – then you must give them a copy of the grievance procedure form that they signed at registration)

Career Counselor: _____
Date: _____

SOUTH CENTRAL WORKFORCE DEVELOPMENT COUNCIL

SUBJECT: (ITA) CUSTOMER AGREEMENT

DATE: _____

Training Provider: _____

Agreement Between:
Customer _____

Case Manager: _____

I have read and agree to the following statements:

1. **ITA Agreement:** I have received a copy of my agreement from my Case Manager. I understand that the Workforce Investment Act (WIA) will only pay for the expenses according to conditions set forth in my IEP and that training services are not entitlements and shall be provided to participants only on the basis of an individualized assessment of the person's job readiness, employment and training needs, financial, social, and supportive needs, labor market demand and potential for successful completion.
2. **Registration:** I understand that I am solely responsible for registering for the training classes paid by WIA, and agree to register in a timely manner. I also understand that I must pay for late registration fees or penalties if this matter was cause by my error or delay.
3. **Books and Supplies:** I understand that WIA will pay up to the amount listed on the voucher for books and related supplies, and that WIA will not pay expenses above that amount without prior written approval. I understand that any tools and equipment purchased with WIA funds remain the property of WIA, and that I may keep these items if I obtain full-time, training related employment. I agree to return any tools or equipment purchased on my behalf if I do not obtain full time, training related employment within 90 days of the last day of training.

4. **Withdraw:** If I plan to withdraw from class or school, I will first contact my Case Manager. I understand that if I withdraw from class, the WIA will not provide funds to re-enroll in that class at a later date.
5. **Cancellation Policy:** I understand that if I attend a school with a cancellation policy that includes a fee for either a class I cancel or if I fail to show for a scheduled class, that I, and not WIA, am responsible for the payment of the cancellation fee.
6. **Contact with Case Manager:** I agree to contact my Case Manager as scheduled. I understand that if I am attending a school that operates on a quarter or semester system, I must meet with my Case Manager prior to registration for continued assistance from the program.
7. **Attendance:** I will make every effort to attend all classes scheduled and understand that I am solely responsible for my attendance. It has been explained to me that my attendance must be documented.
8. **Conduct:** I understand that by enrolling in the training organization listed above, I agree to adhere to that organization's policies regarding conduct. I also understand that failure to adhere to these policies will result in my dismissal from school and exit from WIA.
9. **Additional Financial Aid:** I agree to notify my Case Manager as soon as possible if I receive financial aid that is in addition to the amounts listed on the voucher, and understand that this change may reduce the amount of WIA Job Training funds available to me. I also understand that if I fail to inform my Case Manager of this change, it may result in either suspension from the WIA program for one quarter of the semester, or cancellation of WIA funded training.
10. **Job Placement:** I will make every effort to complete the training program and immediately seek, find, and maintain full time employment near or after the completion of training. I agree to provide a resume to my Case Manager before the completion of training to assist with job placement activities.
11. **Availability of Funds:** I have been informed that my training is contingent on the availability of funds provided by WIA. In addition, WIA training funds shall be limited to participants who are unable to obtain grant assistance from other sources to pay for their training or require assistance beyond what is available under grant assistance from other sources to pay for their training. WIA funds are intended to supplement other sources of training grants.

Customer's Signature

Case Manager's Signature

Date

Date