



Individual Training Account (ITA) Acknowledgement and Agreement

Participant Name: _____
ITA Start Date: _____
Training Provider: _____
Demand Occupation: _____

PID: _____
ITA End Date: _____
ITA Amount \$ _____

ACKNOWLEDGEMENT AND AGREEMENT

_____ The amount of my Individual Training Account (ITA) has been awarded based on individual factors including cost of attendance, coordination of other funding sources, and needs identified in my Individual Employment Plan (IEP) and/or Individual Service Strategy (ISS).

_____ ITA funding may be used to assist with tuition and fees as well as books, uniforms, tools, equipment, or supplies required for training/degree plan.

_____ This ITA is limited to the amount and the scheduled start and end date stated above. Any modification to the ITA agreement must be approved per GCWDB policy and only for exceptional circumstances.

_____ It is my responsibility to budget and track my ITA expenditures to insure that the funds available to me are not depleted prior to completion of training. I will coordinate with WIOA Service Provider Staff and verify my ITA balance as necessary.

_____ I understand that I must meet or exceed attendance and academic requirements of the school/training provider.

_____ I understand it is required that I maintain a 2.0 grade point average (GPA).

_____ I understand that I am not required to access student loans or incur personal debt as a condition of participation. However, if I chose to do so, I understand the responsibilities associated with such indebtedness, including loan repayment are my responsibility. WIOA Service Provider Staff have counseled me in regard to this issue.

_____ Continued participation is subject to continued availability of funding by the Department of Labor

_____ I agree to monthly contact with WIOA Service Provider Staff to discuss my training progress and any other issues, whether academic, personal, or financial, which may affect the successful completion of my training.

_____ I will immediately inform WIOA Service Provider Staff of changes of name, address, phone number, e-mail address or back-up contact information.

_____ Prior to the beginning of each new semester, I will schedule an appointment with WIOA Service Provider Staff to complete a voucher for the upcoming semester. I agree to provide ALL documentation necessary for completion of the voucher, which may include class schedule, enrollment sheet, grade report from previous semester, and financial aid award letter.

_____ In the event that I drop or add a class, I will notify WIOA Service Provider Staff immediately.

_____ ITA funding may be used to pay only for classes or training directly related to my training/degree plan. ITA funding will not be used to pay for the same class more than once. If I fail a class, I am responsible for paying for the class a second time.

_____ **Upon completion of my training, I agree to provide WIOA Service Provider Staff with information concerning my employment and copies of any diplomas, credentials or licenses earned.**

I have read this document and hereby understand and agree to comply with the terms herein described. I am receiving a copy of this agreement for my records.

_____ ITA Participant Signature

_____ Date

_____ WIOA Service Provider Signature

_____ Date

