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Ohio Valley Employment Resource

PO Box 181
Marietta, OH 45750
www.omj15.com



Serving Monroe, Morgan, Noble & Washington Counties Since 2000

Individual Training Account Agreement

Name _____ WIOA Program _____ Begin Date _____ End Date _____

School _____ Field of Study _____

Training Period(s)>>>>					Yearly Total
Expenses					
Tuition					0
Fees					0
Required Books					0
Required Supplies					0
Tests					0
Tools					0
Uniforms					0
Other:					0
Other:					0
Total Expenses	0	0	0	0	0
Funding					
PELL					0
WIOA					0
Grant:					0
Grant:					0
Other:					0
Other:					0
Total funding	0	0	0	0	0
Balance	0	0	0	0	0

I understand that this is an estimate based on information I have provided. I have submitted all known financial aid and/or other resources I have or am planning to have to assist with my education. I also understand that **I am required to inform my WIOA contact of any change** and that **my funding is subject to change if I fail to adhere to the policies of any or all of those sources**. I further understand **WIOA funding is contingent upon grant allocations and contracts**.

Participant Signature _____

Date _____

Staff _____

Date _____

