

CAYUGA-CORTLAND WORKFORCE DEVELOPMENT AREA (WDA)

INDIVIDUAL TRAINING VOUCHER AND AUTHORIZATION TO EXCHANGE INFORMATION

Student Name				WIOA Staff Name			
NY #				Office Address			
Address				City	State	Zip	Phone
City	State	Zip	Training Agency		Address		
Phone	Start Date	End Date	City	State	Zip		
				Training Program			

PART A – PARTICIPANT

I authorize the Cayuga-Cortland Workforce Development Area staff, training provider and the financial aid officer at the above named training agency to exchange financial, academic, and other information as necessary to further my training program.

Student Signature: _____ Date: _____

PART B – FINANCIAL AID OFFICER Complete and return to the Workforce Development Office address above.

1. Student's Institution Budget*

- a. Tuition \$ _____
- b. Books \$ _____
- c. Fees (attach breakout) \$ _____
- d. Other (attach breakout) \$ _____
- TOTAL** \$ _____

***PLEASE NOTE:** Unless otherwise specified to the school by WIOA staff, our clients are not in need of room and board and such costs are not to be included in the student's institution budget.

2. Financial Aid

- a. PELL \$ _____
- b. TAP \$ _____
- c. Grants/Scholarships \$ _____
- d. Work-study/On-Campus Employment \$ _____
- e. Other resources \$ _____
- TOTAL** \$ _____

No financial information on file: _____

3. Student's Unmet Financial Need for which payment will be requested:

- a. Total from 1. above \$ _____
- b. Less Total from 2. above - \$ _____
- Total Unmet Need** \$ _____

Signature of Financial Aid Officer: _____ Date: _____

PART C – AUTHORIZATION FOR PAYMENT

Authorize payment to the school up to, and not to exceed, the amount specified for the semester/year designated below:

- Semester/Year _____
- a. Tuition \$ _____
 - b. Books \$ _____
 - c. Fees \$ _____
 - d. Tools \$ _____
 - e. Other \$ _____
 - TOTAL** \$ _____

FUNDING TITLE: _____

WIOA Staff Signature: _____ Date: _____