

WESTERN ARKANSAS EMPLOYMENT DEVELOPMENT AGENCY  
1500 MAIN • P.O. BOX 1266 • VAN BUREN, AR 72957  
(479) 474-7061 FAX (479) 471-0827

WIOA INDIVIDUAL TRAINING ACCOUNT (ITA) VOUCHER

Title: Adult Dislocated Worker Youth

TRAINING INSTITUTION: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone & Fax: \_\_\_\_\_

PARTICIPANT INFORMATION

NAME: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

TRAINING

Training program: \_\_\_\_\_ Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Upon completion, the enrollee will receive: ( ) Certification ( ) Diploma ( ) Associate ( ) Bachelor ( ) Other \_\_\_\_\_

The curriculum for this training is identified in: ( ) Course Catalog ( ) Student's Approved Degree Plan SEE ATTACHED SCHEDULE

ELIGIBLE TRAINING PROVIDER

FINANCIAL INFORMATION FOR THE \_\_\_\_\_ SEMESTER ( For Financial Aid Officer or designee use )

ESTIMATED COST OF ATTENDANCE

THE SOURCE, AMOUNT AND DISTRIBUTION OF FINANCIAL AID , IS LISTED:

TUITION: \_\_\_\_\_ CHILD CARE: \_\_\_\_\_  
FEES: \_\_\_\_\_ TRANSPORTATION: \_\_\_\_\_  
BOOKS: \_\_\_\_\_ ROOM AND BOARD \_\_\_\_\_  
SUPPLIES: \_\_\_\_\_ OTHER \_\_\_\_\_  
( ) FINANCIAL AID NOT DETERMINED ( ) AWARD LETTER ATTACHED  
( ) NOT ELIGIBLE FOR FINANCIAL AID ( ) NO PELL GRANT FUNDS WILL BE USED FOR TUITION, FFEES OR BOOKS

The undersigned agrees to provide training and certifies that all charges for training are made in accordance with provisions of the training agreement.  
ITA may be null and void if invoice is not received by WAEDA within 60 days of current semester start date.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

AUTHORIZATION FOR WIOA FUNDS – WIOA STAFF COMPLETION

APPROVED AND AUTHORIZED CLASSES THAT WAEDA WILL BE RESPONSIBLE FOR:

\_\_\_\_\_  
\_\_\_\_\_

AMOUNT – TUITION AND FEES FOR ONE SEMESTER (not to exceed) \$ \_\_\_\_\_

AMOUNT – BOOKS AND SUPPLIES FOR ONE SEMESTER (not to exceed) \$ \_\_\_\_\_

The undersigned certifies that the training provider will be reimbursed for the expenditures authorized, provided such charges are consistent with provisions of the training agreement.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

PARTICIPANT

I acknowledge the agreement between WAEDA/ WIOA, the Eligible Training Provider and myself. I have been informed of the amount and distribution of financial assistance provided to me. I consent to the release of any information in my records. This information may include grades, progress reports, class schedule, financial aid, job placement/employer info, home address, telephone number and other pertinent information the institution compiles.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_