| **TRAINING PROGRAM APPLICATION**  Complete a separate worksheet for each training course. | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **The Workforce Innovation and Opportunity Act of 2014 (WIOA) requires that performance and cost information be given to prospective students funded by WIOA to assist them in making a choice about training.** | | | | | | | | | | | | |
| **School/Institution Information** | | | | | | | | | | | | |
| School Name: | | | | | | School Location (Address): | | | | | | |
| **Training Course Information** | | | | | | | | | | | | |
| Training Course Name: | | | | | | Current Course Enrollment (# of students):  Course Capacity (# students that can be accommodated): | | | | | | |
| Type of Credential Earned (select one):  PSAV (Post-Secondary Adult Vocational certificate)  Certificate  Diploma  Associates Degree  Occupational A.S. Degree  Bachelor’s Degree   Stackable Credential:  Please describe:  Other:  Please describe: | | | | | | TABE score required for successful completion of this course:  Reading Level:    Language Level:    Math Level:  **(This is NOT applicable to Bachelor’s Degree Program Applications) (If your institution does not TABE students as a requirement to start the program please put N/A)** | | | | | | |
| What is the Grade level at which course texts are normed for each course of training proposed?    (i.e. 8th, 9th, 10th,11th, 12th) | | | | | | |
| Course includes: Lab  Internship  Externship | | | | | | |
| Program delivered:  100% Online  100% Classroom  Blended - # of courses available online; # of courses required in classroom | | | | | | |
| Total Credit Hours:  Total Clock/Contact hours to complete:  Total Weeks to complete: | | | | | | Classification of Instructional Programs (CIP) Code:  Standard Occupational Code (SOC)  SOC Code(s):       SOC Name(s):       Current TOL? | | | | | | |
| Course Schedule: | When is this course offered?  Day:  *List times offered*.  Evening:  *List times offered*.  Weekend:  *List times offered*. | | | | | When does this class meet each week?  Monday  Thursday  Tuesday  Friday  Wednesday  Saturday | | | | | | |
| **Training Course Placement Information**  **Enrollment Reporting Period (July 1st – June 30th)** | | | | | | | | | | | | |
| Training Course Placement Information: | | School Year | # Completing Training during reporting period | | # of graduates who passed the licensing or certification examinations | | | # Training Related Placements within 180 days of completing training | | | Average Entry Wage  (per hour)  based on student placement data for school | |
| 2018 |  | |  | | |  | | | $   . | |
| 2019 |  | |  | | |  | | | $   . | |
| **Training Course Costs by Category**  **(Bachelor’s Degree programs should identify applicable costs within last 24 months of entire Program)** | | | | | | | | | | | | |
| (A)  Tuition | | (B)  Fees | | (C)  Books | (D)  Uniforms | | (E)  Tools, Supplies,  Equipment | | | (F)  Certification/  Licensure Exams | | **TOTAL COURSE COST  (ALL COSTS)**  =  **$     .** |
| $     . | | $     . | | $     . | $     . | | $     . | | | $     . | |
| Total Tuition and Fees  (A) + (B) = $**.** | | | | Total Other Costs  (C)+(D)+(E)+(F) = $**.** | | | | | | | |  |
| **Credit for Prior Learning** | | | | | | | | | | | | |
| Does this Course utilize any of the following to award credit for prior learning?  No:  Yes:  If Yes, select all that apply: | | | | AP/CLEP Exam  Challenge Exam  DSST (DANTES)  Apprenticeships  Military Credit (ACE)  Work Experience  Industry Certifications or Professional Licenses  Portfolio Review: Experiential Learning, Life Experience, Work History | | | | | | | | |
| Would Institution be willing to provide a scholarship for only those courses applicable to Youth for any amount above PELL and CSBD ITA cap? | | | | No:  Yes: | | | | | | | | |
| **Support Documentation** | | | | | | | | | | | | |
| The following support documentation must be provided: | | | | School Catalog or Program Description from School Catalog  Link:  Itemized Book and Supply List  Itemized list of costs/fees by category  List of Certifications and Entity/Occupational Completion Points attained during course | | | | | | | | |
| **Certification and Acknowledgement** | | | | | | | | | | | | |
| I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration as an ITA Training Provider and may be considered justification for dismissal if discovered at a later date. | | | | | | | | | | | | |
| Print Name: | | | | | | | | | Title: | | | |
| Signature: | | | | | | | | | Date: | | | |

Revised 6/12/2020