



FULL EMPLOYMENT COUNCIL

INDIVIDUAL TRAINING ACCOUNT

ATTN: FISCAL
1740 PASEO BLVD
KANSAS CITY, MISSOURI 64108

REGION

PLEASE CHECK APPROPRIATE BOXES

- WIA TITLE I ADULT, WIA TITLE I YOUTH, WIA DISLOCATED WORKER (LOCAL), WIA DISLOCATED WORKER (STATEWIDE), OTHER

- NEW PARTICIPANT or REVISION (If a revision, please check one of the following boxes: ADDITION, REDUCTION, CANCELLATION)

A. THIS SECTION TO BE COMPLETED BY REFERRING OFFICE (PLEASE PRINT OR TYPE)

1. NAME OF PARTICIPANT (LAST, FIRST, INITIAL) SOCIAL SECURITY NUMBER
2. ADDRESS OF PARTICIPANT COUNTY OF RESIDENCE
3. REFERRING OFFICE (NAME, ADDRESS, PHONE #)
4. TRAINING INSTITUTION (ADDRESS, PHONE #)
5. PROGRAM TITLE * FOR NEW ENROLLMENTS, THE TRAINING PROGRAM MUST BE WIA APPROVED BEFORE SUBMITTING THE #5!
6. CIP CODE 7. PELL GRANT If eligible, amount approved for Pell Grant is \$

8. FUNDING (INDICATE AMOUNTS THAT APPLY ONLY TO THAT PORTION OF THE TRAINING THAT IS TO BE FUNDED BY FEC)
Table with columns: TUITION AMOUNT, COST OF FEES, COST OF SUPPLIES, TOTAL AMOUNT OF OBLIGATION; 1st Year; 2nd Year

9. BEGINNING DATE FOR FUNDING PURPOSES PLANNED ENDING DATE

COMMENTS

The undersigned has selected and referred the person for training as specified above, and certifies with respect thereto that: (1) The above named participant is eligible for funding; and (2) The training to be provided is for a demand occupation in the area or another area to which the participant is willing to relocate.

SIGNATURE OF AUTHORIZED REPRESENTATIVE DATE

PLEASE PRINT OR TYPE NAME

B. THIS SECTION TO BE COMPLETED BY THE : -G75 @89D5 FHA9BH

1. FOR BILLING PURPOSES RECORD NUMBER

2. FISCAL REMARKS

Table with columns: FY, TUITION FEES SUPPLIE TOTAL, FY, TUITION FEES SUPPLIES TOTAL