

**COLUMBIA GREENE WORKFORCE INVESTMENT OFFICE**  
**INDIVIDUAL TRAINING ACCOUNT – TUITION/FEES VOUCHER**

Participant Name:		Student ID #	
Address:		Training Eligibility Date:	Start Date:
City:	State:	Zip:	Phone #:
School:		WIOA Representative:	Phone:
School Address:		Funding (circle one): <i>WIOA Title I-Dislocated Worker</i> <i>WIOA Title I-Adult</i> Other: _____	
School Phone:	School Contact Person:		Semester: Other:
<p>The above named person has been determined eligible and is being referred for vocational training services through the Columbia-Greene Workforce Investment Office. Please permit this person to register/enroll in the course(s) listed below. No payment will be authorized for classes not listed. Please verify the information listed below as correct. The training institution will ensure that eligible WDB participants apply for federal grants and aid including Pell Grants and will also assure that double billing for identical training services does not occur for those recipients who receive financial aid.</p>			
Course or Degree Title	Any Special Description/Requirements/Restrictions		Start/End Dates
Student has made application for financial aid: <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, Check One:	
Specify Type:		<input type="checkbox"/> Not Eligible <input type="checkbox"/> In Default <input type="checkbox"/> Program Not Eligible	
Total Tuition & Fees for Semester / Other:			
Student's WIOA funding requires that all other financial aid be applied to tuition and fees before WIOA's funds are used: <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation for "No" Answer: Total cost of training is below TAA maximum cap.			
This voucher is not transferable to any other school. Any refund due to a student's withdrawal from classes must be payable to this agency based on refund schedule published in the school's catalog. <i>Except for TAA</i> , if the above named person is provided financial aid, such as PELL or SEOG, the training institution agrees to refund to this agency the amount of the double payment as specified in the Student Financial Aid Handbook. This voucher can be used only for classes listed above and only for the participant listed above during the time frame authorized. This voucher must be signed by an authorized agency representative to be valid. Any alterations to this voucher must be authorized by a representative from this WIO.			
The educational institution's financial aid officer shall inform this agency of the amounts and disposition of HEA Title IV awards and other types of financial aid for each participant. The participant awarded a PELL Grant shall be party to an agreement with this agency and the educational institution which indicates the portion of the HEA Grant to be applied to the cost of tuition and fees. This information shall be verified in program monitoring procedures.			
Workforce Investment Office Representative		Date:	Phone #:
School Contact Person:		Date:	
Student:		Date:	
<b>*This Document Is Not Valid Without Appropriate Signatures*</b>			
Invoices for the payment of tuition, and fees must include a copy of this signed voucher, and a breakdown of financial aid sources use to satisfy this debt. Invoices and supporting documentation should be mailed to:			
<b>Columbia-Greene Workforce Investment Office, 4400 Route 23, Hudson, NY 12534</b>			