



Western Oklahoma Workforce Development Board
Individual Training Account Agreement

Participant Name: _____ OSL ID #: _____

ITA Start Date: _____ ITA End Date: _____ Amount of ITA: \$ _____

Training Program & Location: _____ Demand Occupation: _____

Participant
Initials

~ACKNOWLEDGEMENT AND AGREEMENT~

- _____ I understand the amount of my ITA has been awarded based on individual factors including cost of attendance, coordination of other funding sources, and needs identified in my Individual Training Plan.
- _____ I understand ITA funding may be used to assist with tuition and fees as well as books, uniforms, tools, equipment, or supplies required for training/degree plan. I understand that some costs **may need** to be paid out of other financial aid funds.
- _____ I understand this ITA is limited to the amount and the scheduled start and end date stated above.
- _____ I understand it is my responsibility to budget and track my ITA expenditures to insure that the funds available to me are not depleted prior to completion of training. I will coordinate with the WIOA Program and verify my ITA balance.
- _____ I understand that I **MUST** meet or exceed attendance and academic requirements of the school/training institution.
- _____ I understand that I am not required to access student loans or incur personal debt as a condition of participation. However, if I chose to do so, I understand the responsibilities associated with such indebtedness, including loan repayment are solely mine. The WIOA Program has counseled me regarding to this issue.
- _____ I understand continued participation is subject to availability of funding and I will contact the WIOA Program each month to ensure I have adequate funding.
- _____ I agree to maintain **monthly** contact with the WIOA Program to discuss my training progress and any other issues, whether academic, personal, or financial, that may affect the successful completion of my training.
- _____ I will **immediately** inform the WIOA Program of changes of name, address, phone number, or back-up contact information.
- _____ Prior to the beginning of each new semester (or monthly), I will schedule an appointment with the WIOA Program to complete a voucher for the upcoming semester. I agree to provide any and all documentation necessary for completion of the voucher, which may include class schedule, enrollment sheet, grade report from previous semester, and Financial Aid Award letter.
- _____ In the event that I drop or add a class, I will notify the WIOA Program **immediately**.
- _____ Upon completion of my training, I agree to provide the WIOA Program with information concerning my employment and copies of any diplomas, credentials, or licenses earned.
- _____ I understand I **MUST** return **all** purchased equipment, books, supplies, uniforms, etc. to the WIOA Program if I do not complete the training course, upon dropping a class, I am suspended or asked to leave training, changing programs, etc.

I have read this document thoroughly and hereby understand and agree to comply with the terms herein described. I am receiving a copy of this agreement for my records.

Participant Signature & Date: _____

I have established this ITA in partnership with the participant and reviewed all the terms of this Agreement with the participant.

WIOA Program Signature & Date: _____

Phone #: _____

[] original [] modification # _____ rationale:

Equal Opportunity Employers/Program WIOA ~ Auxiliary aids available upon request for individuals with disabilities