

Workforce Acceleration Grant--Application



Instructions:

1. PLEASE PRINT CLEARLY OR TYPE
2. This form is initiated for each academic year by WorkOne staff for postsecondary students / clients participating in ARRA-funded training programs.
3. Part A must be completed by student / client with the assistance of a WorkOne Staff Person.
4. Part B must be completed by the Financial Aid Administrator at the designated school, and returned to the WorkOne Office.

Part A - To be Completed by the Student / Client and WorkOne Staff

Last Name	First Name	Middle Initial	Social Security Number XXX-XX-
Address (street, city, ZIP code)		Has Student/Client Completed FAFSA <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of school client plans to attend		Number of credit hours planned per quarter/semester Begin: _____ End: _____	
Student's program/major study area*		Period of Enrollment (month, day, year)	
Highest Level of Education Completed:			
I, the undersigned, hereby authorize the exchange of information between the Indiana Department of Workforce Development (DWD) or its agents and the Financial Aid Administrator (FAA) and providers of student support services at the named school. I also understand that DWD or its agents and school administrators may discuss specifics of my application for financial aid, my intended course of study, my academic progress and my need for additional educational or other support as they pertain to successful completion of study.			
Signature of Student / Client		Date signed	
WorkOne Office Contact Information Form can be returned to: Contact Person, Address, Telephone Number, Fax Number, Email Address			

Part B - To be completed by Financial Aid Officer and Returned to WorkOne Office

School Budget		Financial Resources		Tuition Only
Tuition/Fees	\$	Expected Family Contribution	\$	
Books	\$	Pell Grant	\$	\$
Student will be attending: <input type="checkbox"/> Full Time <input type="checkbox"/> 3/4 Time <input type="checkbox"/> 1/2 Time <input type="checkbox"/> Less Than 1/2 Time		State Aid	\$	\$
		Other Grants/Scholarships/ Awards	\$	\$
			\$	\$
			\$	\$
			\$	\$
		Student has unmet need of:		\$
Name, Address, and Telephone Number of Financial Aid Officer:		Aid is for Period Beginning: _____ Ending: _____		
		Signature		
		Date Signed (month, day, year)		

Part C - To be Completed by WorkOne Staff

Amount Authorized	Purpose (WAG, Support Svc, etc.)	Voucher Issued	Date
\$			
\$			
\$			
Signature of Authorized WorkOne Staff		Date Signed (month, day, year)	

* Program/major of study must lead to an occupation in-demand on the State or Regional Level