## TRAC Associates Individual Training Account Funding Agreement Form

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TRAC Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training Course(s) Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution referred to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Aid Transcript (circle or fill in the blanks)

1. How many terms to complete curriculum: 1 2 3 4 5 6 or more?

1. Projected start and completion dates \_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applied for Financial Aid? yes\_\_\_no\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Period | **1** | **2** | **3** | **4** | Total |
| **Start Date****End Date** |  |  |  |  |  |
|  |  |  |  |
| **Projected**Costs | Tuition/Fees | $ | $ | $ | $ | $ |
| Books/Supplies | $ | $ | $ | $ | $ |
| Support | $ | $ | $ | $ | $ |
| Tools | $ | $ | $ | $ | $ |
| Other | $ | $ | $ | $ | $ |
|  | Total Expenses | $ | $ | $ | $ | $ |
| Projected**Resources** | Grants | $ | $ | $ | $ | $ |
| Scholarships | $ | $ | $ | $ | $ |
| Worker Retraining | $ | $ | $ | $ | $ |
| Work Study | $ | $ | $ | $ | $ |
| Other | $ | $ | $ | $ | $ |
| HCA | $ | $ | $ | $ | $ |
|  | Total Resources | $ | $ | $ | $ | $ |

STATEMENT OF MUTUAL UNDERSTANDING: It is agreed by both parties that the level of HCA support outlined above will be sufficient for the applicant’s completion of the training. It is understood that any shortfall in funding will be the responsibility of the applicant. **It is understood that HCA funding is not guaranteed, but is dependent upon availability.** The applicant will notify HCA of any changes in this support that will jeopardize the applicant’s completion of training. The applicant further understands that HCA will authorize funding on a term-to-term basis subject to an evaluation of the applicant’s academic performance and may reject authorization based on such academic performance as well as upon any breach of effort in securing non-HCA resources.

HCA Applicant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### TRAC Staff Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_