

REGION 1 CARRYOVER FOR PY 2006 - 2007
PROJECTED COSTS FROM JULY 1, 2006 TO JUNE 30, 2007

Student Name:	Social Security No.:
Training Provider:	Projected Graduation Date:
Training Program:	Workforce Office:

Projected Training Costs	Semester 1 Term 1	Semester 2 Term 2	Summer 1 Term 3	Summer 2 Term 4	Program Year	Total Projected to June 30, 2007
Tuition						
Books						
Insurance						
Supplies Required						
Other Required Fees, Etc.						
Total Training Costs (A)						

Estimated Financial Assistance:	Semester 1 Term 1	Semester 2 Term 2	Summer 1 Term 3	Summer 2 Term 4	Program Year	Total Projected to June 30, 2007
PELL						
SEOG						
WV Higher Ed						
DHHR						
Rehab						
Other						
Total Estimated Financial Assistance Per Semester / Year (B)						
Total WIA Funding Requested Per Semester / Year Less Total Estimated Financial Assistance (A-B)						

Projected Support Services			Total Projected to June 30, 2007
10-19 Hrs. Per Week	\$25	Amount per week: x weeks	
20 or more hrs. per week	\$50		

Child Care: (1 Child = \$10 per day; 2 Children = \$16 per day; 3 or more \$20 per day - Maximum)			Total Projected to June 30, 2007
Number of Days	Allowance Per Day \$	WIB USE ONLY	

TOTAL WIA Funds Requested (July 1, 2006 - June 30, 2007):

Signature of Service Provider	Date
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****ATTACH COPY OF STUDENT AID REPORT (SAR) AND TRANSCRIPT / GPA****

For WIB Use Only:

LWIB Representative Approval	Date	Total Approved: \$
		Tuition/Fees: \$
		Support Payments: \$
		Child Care: \$