

**REGION 1 WORKFORCE WV SCHOLARSHIP**

**SECTION A: TO BE COMPLETED BY CASE MANAGER**

APPLICANT'S NAME \_\_\_\_\_  
 SOCIAL SECURITY #: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 HOME PHONE #: ( ) \_\_\_\_\_  
 ALTERNATE #: ( ) \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_  
 RECEIVING WELFARE/TANF: Y/N \_\_\_\_\_  
 DRS SERVICES: Y/N \_\_\_\_\_ CASEWORKER \_\_\_\_\_  
 SERVED BY RAPID RESPONSE: Y/N \_\_\_\_\_  
 \_\_\_\_\_  
 SIGNATURE OF CASE MANAGER

COUNTY OF RESIDENCE: \_\_\_\_\_  
 ISSUE DATE: 1 \_\_\_\_\_  
 EXPIRATION DATE: 2 \_\_\_\_\_  
 ELIGIBILITY DATE: \_\_\_\_\_  
 APPROVED TRAINING CHOICE(S): 3 \_\_\_\_\_  
 \_\_\_\_\_  
 TITLE | ADULT \_\_\_\_\_  
 DISLOCATED WORKER \_\_\_\_\_  
 \_\_\_\_\_  
 DATE TELEPHONE WORKFORCE OFFICE LOCATION

**SECTION B: TO BE COMPLETED BY SERVICE PROVIDER**

NAME OF SCHOOL: \_\_\_\_\_  
 ADDRESS OF SCHOOL: \_\_\_\_\_  
 \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
 PROGRAM TITLE: 8 \_\_\_\_\_  
 CREDENTIAL UPON COMPLETION: 9 \_\_\_\_\_  
 PREREQUISITE MET: Y/N 10 \_\_\_\_\_

START DATE: 4 \_\_\_\_\_  
 PROJECTED COMPLETION DATE: 5 \_\_\_\_\_  
 # OF WEEKS 6 # OF HOURS PER WEEK 7

TUITION *:\$	<u>12</u>
BOOKS*:	_____
INSURANCE*:	_____
OTHER (List)*	<u>13</u>
SUBTOTAL OTHER \$	<u>14</u>
LESS: PELL, SEOG, ETC.:	<u>15</u>
<b>TOTAL TUITION / FEES/ ETC. \$</b>	<u>16</u> (1)

1 Child - \$10 per day; 2 Children = \$16 per day; 3 or more \$20 per day (Maximum)	
CHILD CARE NO. OF DAYS *	<u>11</u>
ALLOWANCE PER DAY \$	_____
TOTAL CHILD CARE \$	_____ (2)

<b>SUPPORT PAYMENT: TRAINING / HRS *</b>	
10-19 HRS PER WEEK	\$25
20 or MORE HRS PER WEEK	\$50
AMT PER WEEK \$	<u>17</u>
# OF WEEKS	_____
TOTAL SUPPORT PAYMENTS \$	_____ (3)

\*Current WIA Funding Year Only (June - June)

**MAIL TO: REGION 1 WORKFORCE INVESTMENT BOARD  
 921 WEST NEVILLE STREET, SUITE 100  
 BECKLEY, WV 25801**

\_\_\_\_\_  
 Signature of Service Provider  
 Date \_\_\_\_\_

**SECTION C: REGION 1 WIB USE ONLY**

SCHOLARSHIP TOTAL \$ \_\_\_\_\_  
 \_\_\_\_\_  
 Signature - LWIB Representative  
 Date \_\_\_\_\_

TOTAL (1) \$ \_\_\_\_\_  
 TOTAL (2) \$ \_\_\_\_\_  
 TOTAL (3) \$ \_\_\_\_\_  
 LESS OTHER FUNDING (-) \_\_\_\_\_  
**ITA GRAND TOTAL \$** \_\_\_\_\_