

REGION 1 CARRYOVER FOR PY 2008 - 2009

PROJECTED

COSTS FROM JULY 1, 2008 TO JUNE 30, 2009

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, 2008
Tuition						
Books						
Insurance						
Supplies Required						
Other Required Fees, Etc.						
Total Training Costs (A)						

Estimated Financial Assistance:

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

10-19 Hrs. Per Week	\$25	20 or	Amount per week:
more hrs. per week	\$50		
			x _____ weeks

Child Care: (1 Child = \$10 per day; 2 Children = \$16 per day; 3 or more \$20 per day - Maximum)

Number of Days	WIB USE ONLY
Allowance Per Day \$	

TOTAL WIA Funds Requested (July 1, 2008 - June 30, 2009):		
Signature of Service Provider	Date	
** ATTACH COPY OF STUDENT AID REPORT (SAR) AND TRANSCRIPT / GPA **		
For WIB Use Only:		
		Tuition/Fees: \$
		Support Payments: \$
		Child Care: \$
		Total Approved: \$
LWIB Representative Approval	Date	

Revised 10/29/07