

REGION 1 CARRYOVER FOR PY 2009 - 2010
PROJECTED COSTS FROM JULY 1, 2009 TO JUNE 30, 2010

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, 2010
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	Amount per week:
20 or more hrs. per week	\$50	
		x weeks

TOTAL WIA Funds Requested (July 1, 2009 - June 30, 2010):

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	