

**MINNESOTA VALLEY ACTION COUNCIL  
INDIVIDUAL TRAINING ACCOUNT**

I. TO BE COMPLETED BY STUDENT AND EMPLOYMENT COUNSELOR

Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Student ID/Social Security No. \_\_\_\_\_

Employment and Training Program: \_\_\_\_\_

<b>MVAC Counselor:</b>	
Name:	
Address:	
Phone:	
Fax:	
Email:	

<b>School/Training Provider:</b>	
Name:	
Address:	
Phone:	
Fax:	
Email:	

II. TO BE COMPLETED BY SCHOOL – ESTIMATED NEED ANALYSIS

Financial Aid Office: Please complete and return all copies to the MVAC Counselor indicated above to determine program funding. Once program funding is determined, a copy of this form will be mailed to you for the student's account. Upon completion of program, the school will supply a copy of credential received: a transcript showing credential received, certificate of completion or copy of diploma.

Financial Analysis is requested for the _____ to _____ academic year						
Financial Aid Analysis	Fall Semester/Quarter	Winter Quarter (if applicable)	Spring Semester/Quarter	Summer I	Summer II	Total
Tuition						
Fees						
Books & Supplies						
Gift Aid Awarded*						

\* All grants and scholarships. (Does not include loans or work study)

Comments: \_\_\_\_\_

Signature of Financial Aid Officer \_\_\_\_\_ Date \_\_\_\_\_

III. TO BE COMPLETED BY MVAC COUNSELOR

MVAC Estimated / Proposed Funding						
	Fall Semester/Quarter	Winter Quarter (if applicable)	Spring Semester/Quarter	Summer I	Summer II	Total
Training:						
Tuition/Fees						
Books/Supplies						
Tools						
Support:						
Transportation						
Childcare						
Living expense						

**AGREEMENT**

INFORMATION ON THIS FORM SHOULD PREVENT DUPLICATION OF FUNDING. This agreement outlines financial aid available for post-secondary training, the source of the award, the dollar amount and the purpose which each is to be used. This agreement represents a projected plan and can be amended as the school term progresses and/or changes become necessary. The post-secondary institution and participant/student will inform MVAC of any proposed changes in the school plan involving financial aid or number of credits.

CONSENT FOR RELEASE OF INFORMATION – I hereby authorize the post-secondary educational institution listed above to release information for the purpose of determining eligibility and funding. I understand I may revoke this consent upon written notice (not retroactive) and this consent will expire two (2) years after the date of my signature.

I have read and understand the Agreement and the Consent for Release of Information above.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ MVAC Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

White Copy – Office file                      Yellow Copy – Training Facility                      Pink Copy – Participant