

**REGION VI WORKFORCE DEVELOPMENT BOARD
APPRENTICESHIP TRAINING VOUCHER**

(Effective 10/21/21)

MACC ID# _____

WIB USE ONLY:

Date Received

Approved by: CP Initial

Directions:

1. Career Planner will complete Section I
2. The Apprenticeship Training Provider is to complete Sections II and III
3. To insure prompt payment completed forms must be returned on or before training start date to:

Career Planner: Tracey Kennedy
Address: 320 Adams Street, Suite 103
Fairmont, WV 26554

email: tkennedy@hrdfwv.org
Telephone:

SECTION I – CUSTOMER INFORMATION:

Name: _____ Address: _____

County of Residence: _____ Phone Number: _____

Certification Date:	WIOA Funding Stream:		
ISS DATE:	DATE VOUCHER ISSUED:		

SECTION II – APPRENTICESHIP TRAINING FACILITY INFORMATION:

Name and Address of Apprenticeship Training Provider: _____

Training Site (If different): _____

Apprenticeship Training Rep:	Title:
Phone #:	Fax #:
Email:	Date:

Apprenticeship Training Program Name:		
Length of Training:	Training Start Date:	Training End Date:
Has Participant met all Apprenticeship Admissions Requirements?		If no, please explain below

SECTION III – COST OF TRAINING: (Must be completed by Apprenticeship Rep.)

TUITION	\$
REGISTRATION FEE	\$
BOOK FEES	\$
TOOLS, SUPPLIES & SPECIAL EQUIPMENT **	\$
UNIFORMS	\$
CERTIFICATION & EXAM FEES	\$
OTHER (PLEASE EXPLAIN)	\$
TOTAL COST OF TRAINING	\$

** Must attach an itemized list of tools, supplies and special equipment, which will be required of all participants regardless of funding and are necessary to complete the training. Region VI will not reimburse for supplies such as, pencils, pens, paper, etc. **PLEASE NOTE:** All above costs must be approved costs in the MACC to be eligible for reimbursement.

OTHER FINANCIAL ASSISTANCE / GRANTS / LOANS

List any and all other financial assistance, grants and/or loans that customer is eligible for, including financial assistance made available through the apprenticeship union membership dues, etc.

MEMBERSHIP TUITION/ OTHER FEES ASSISTANCE	\$
FEDERAL & STATE GRANTS ASSISTANCE	\$
LOANS / OTHER ASSISTANCE	\$
TOTAL FINANCIAL ASSISTANCE	\$

TOTAL WIOA FUNDS REQUESTED (Maximum 1 Yr - \$6,000) \$ _____

\$ _____
(Balance owed by customer)

The customer has been enrolled into the approved training program described in Section II as of the date listed below.

I have received a copy of this completed Voucher and I am in agreement with all documented costs.

SIGNATURE OF APPRENTICESHIP REP - DATE

SIGNATURE OF CUSTOMER - DATE

REGION VI OFFICE USE ONLY:

I attest by my signature below that the following WIOA funds have been approved and obligated to cover the costs of training as outlined on this Voucher.

Funding Stream: ___ Adult ___ Dislocated Worker ___ Youth \$ _____ Amount _____ Date

Region VI Fiscal Officer