



APPLICATION FOR TRAINING PROGRAM INITIAL / CONTINUED ELIGIBILITY

Part II: Training Program Basic Information/Change Form

Please note that in most cases this information will be entered directly in the State of Illinois Workforce Development System (IWDS) (<http://iwds.state.il.us>) for new programs. This form may be used as a reference to review the information which will be requested to be submitted electronically.

This form will also be used to track changes to programs which are currently in the IWDS system which changes are being made to the program prior to submittal. This system will help us identify what information has been changed IWDS. Please print and scan a copy of the program information from IWDS before making the changes, fill out Section A and enter any information which is being revised in the proper area(s).

A. Applicant Information

Name of School _____
Date: _____
Primary Contact: _____
Title: _____
Phone Number: _____
E-Mail: _____
Website Address: _____

B. Training Program Information

Program Name: _____
Six Digit CIP Code: _____

Program Description (4,000 character limit)

C. O'NET Codes and Occupational Areas

Please list at least (1) occupation and O'NET Code associated with the training program. Please note that the O'NET Code/Occupation must match at least one of the O'NET codes in LWIA 7's Target Industries for ITA's. **Only programs aligned with targeted occupations will be considered.**

O'NET Code and Occupation

D. Instructional Hours

Is this a credit hour program? Yes No

If yes, how may credit hours for program completion? _____

What is the curriculum code for the program (if applicable) _____

How many weeks does it typically take to complete the program? _____

What are the total hours of instructional/classroom time? _____

Other than employment, what is the primary goal of the program? _____

If a Certification, License or Registration, what is the name of the certifying, licensing, or registering body?

E. Program Offerings (check all that apply)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Full Time Enrollment | <input type="checkbox"/> Part-Time Enrollment | <input type="checkbox"/> Internships |
| <input type="checkbox"/> Non-English Instruction | <input type="checkbox"/> Classroom Instruction | <input type="checkbox"/> Labs |
| <input type="checkbox"/> Weekend Classes | <input type="checkbox"/> Night Classes | <input type="checkbox"/> Day Classes |
| <input type="checkbox"/> Internet Instruction | <input type="checkbox"/> Open Entry/Exit | <input type="checkbox"/> Other: _____ |

F. Entry-Level Requirements (Please check all that apply)

<input type="checkbox"/> Drug/Alcohol Screening	
<input type="checkbox"/> High School Diploma/GED	
<input type="checkbox"/> Physical Exam	
<input type="checkbox"/> Math (Specify level)	
<input type="checkbox"/> Reading (Specify level)	
<input type="checkbox"/> Language (Specify)	
<input type="checkbox"/> Writing (Specify)	
<input type="checkbox"/> Prerequisites (Specify)	
<input type="checkbox"/> Other	

G. Program Costs

Community Colleges: Please list In-District tuition rates.

What is the total cost of the program? (round to the nearest dollar amount) _____

Tuition: _____

Books: _____

Fees: _____

Tests: _____

Other Expenses: (Materials, Supplies, Tools, Uniforms, etc.) _____

List here: _____

TOTAL COST: _____

H. Types of Financial Aid Available (check all that apply)

- Pell Grants
- Federal Loans (Stafford, Plus, etc.)
- Other (Please specify) _____
- Illinois Monitory Award Program (MAP)
- Institutional Scholarships

I. Other

What year was the **program** established? _____

Please indicate the location(s) where this program is offered:

Please describe the application procedure for this program. Include any materials that the customer should bring when applying for the program. If fees, tests, etc. are not available through the provider-please indicate how they are expected to be provided.