



APPLICATION FOR TRAINING PROGRAM INITIAL / CONTINUED ELIGIBILITY

PART II. TRAINING PROGRAM BASIC INFORMATION/CHANGE FORM

Please note that this information will be entered directly in the State of Illinois Workforce Development System (IWDS) (<http://iwds.state.il.us>) for approve programs, or addition of new programs. The data will be reflected in Illinois workNet. Any program changes to approved programs must be made through the LWIA staff. Do not enter directly into IWDS without prior authorization from LWIA staff.

A. Applicant Information

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

B. Training Program Information

Program Name: _____
SOC Description _____

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 Occupation/SOC Descriptions 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

If this is a Community College program, is this a certificate program? Yes No

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? _____

What certifications, licenses or registrations are offered? Please list the name of nationally recognized accrediting, crediting, certifying, licensing, or registering body. List all that apply.

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

Tuition: _____
Books: _____
Fees: _____
Tests: _____
Other Expenses: (Materials, Supplies, Tools, Uniforms, etc.) _____
List here: _____

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

Expense Narrative:

For each item, where a cost is listed, please describe **in detail**, information regarding each item and what the process is for obtaining the item. For example, if you are a community college and the students need books, what is the process for obtaining them from the book store? Will the book store bill separately etc. For testing, what tests are included, are they certification exams? Who will be paying? Will the school hold payment if the funds from the LWIA have not been received? If there are fees, what are they for?

Books:

Fees:

Tests:

Other:

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.