



NORTHWEST PRIVATE INDUSTRY COUNCIL

1730 University Avenue
 Crookston, MN 56716
 Phone: 218.281.6020
 Fax: 218.281.6025

INDIVIDUAL TRAINING ACCOUNT

IDENTIFICATION INFORMATION

| | | |
|--------------------------|-----------------------------------|--------------------------------|
| Program Title: _____ | New Authorization: _____ | Mod # _____ |
| Last Name: _____ | First Name: _____ | Middle Initial: _____ |
| Social Security #: _____ | WorkForce Center: _____ | |
| School Name: _____ | Course Title: _____ | |
| School Address: _____ | Occupation In Demand Title: _____ | |
| City: _____ | School Contact Person: _____ | |
| State: _____ | Zip Code: _____ | Contact Persons Phone #: _____ |

TRAINING ACCOUNT INFORMATION

| | Term #1 | Term #2 | Term #3 | Term #4 | TOTAL |
|---------------------------------|---------|---------|---------|---------|-------|
| Term Start Date | | | | | |
| Term End Date | | | | | |
| # Credits | | | | | |
| Tuition | \$ | \$ | \$ | \$ | \$ |
| Fees | \$ | \$ | \$ | \$ | \$ |
| Books | \$ | \$ | \$ | \$ | \$ |
| Supplies | \$ | \$ | \$ | \$ | \$ |
| Other ** (Explain Below) | \$ | \$ | \$ | \$ | \$ |
| TOTAL | | | | | |
| | \$ | \$ | \$ | \$ | \$ |

Payment will not be made for any costs in excess of authorized amounts without prior approval and modification of this agreement.

| | |
|-------------------------|---|
| Comments: | For payment, submit itemized invoice for authorized costs incurred to: NWPIC 1730 University Avenue Crookston, MN 56716 |
| Participant Signature: | Date: |
| Case Manager Signature: | Date: |