

Individual Training Account (ITA) Request Form

vame			Date:	
Address:City/Zip:				
Phone #:	Email:			
	ult <u>or Dislocated</u> COUNTY: Grays			
As you compl	lete Career Exploration Activities	s, check off b	elow and write in	attachment numbers
	I received ITA Orientation on: Date:			
	2. Labor market research – Attachment #:			
	3. Employer interview summaries – Attachment #:			
	4. Training provider research – Attachment #:			
	5. Vocational assessment (aptitude, skills, interests) – Attachment #:			
After completi	ing Career Exploration, indicate you	ur choice for ti	he following:	
Training program:		Degree:	Start Date:	End Date:
Name of Eligible Training Provider/College/Univ		sity:	Training l	ocation:
By signing belo	ow, I affirm that the information I ar	n providing is	accurate to the best	of my knowledge:
Requestor's signature			Da	nte Submitted
	ITA AWAR	RD INFORMAT	ION	
☐ The ITA Request is Approved			WIOA Staff Name	
☐ The ITA Request is Denied			Comments:	