COMPREHENSIVE PLAN FOR TRAINING AND EDUCATION

[Form fields filled in]

Education Plan for: ____________________  Participant's School ID #: ____________________

Education Outcome Goal: ____________________  Diploma  GED  Certificate  Degree

Employment Goal: ____________________

Name of Educational Institution and Training Site: ____________________

Expected Start Date: ____________________  Expected End Date: ____________________

Training Hours: ____________________  Full-time  Part-time  Day time classes  Night time classes

Estimated Grand Total: $ ____________________

1st Period - Date  From _________ to _________  2nd Period - Date  From _________ to _________

List classes/hours

List classes/hours

Total Hours  ____________________  Tuition Cost  (+) ____________________

Books  (+) ____________________  Fees  (+) ____________________

Grant Offset  (-) ____________________

Total Cost:  ____________________  Date to be Paid:  ____________________

I have read and understand the classroom training plan and agree to follow it as written. If I decide to change my goal or my class schedule, I agree to consult my career manager first. I also agree to inform my career manager when I obtain employment.

Participant Signature  ____________________  Date  Career Manager Signature  ____________________  Date

Signature of Educational Representative  ____________________  Date

Training will not be approved if this form is not completed and returned to Career Manager. Completion of this form does not guarantee funding.