TO WHOM IT MAY CONCERN:

Applicant: ____________________________________________ has applied for training under the WORKFORCE INNOVATION and OPPORTUNITY ACT (WIOA). This is your authorization to release information concerning grants or scholarships. Please complete this form as soon as possible, because it is required to determine eligibility or assistance in paying for training.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
<th>Student ID (Optional)</th>
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Requested Information

Has the above student applied for a Pell Grant? [ ] Yes [ ] No

If yes, is the above student eligible for a Pell Grant? [ ] Yes [ ] No

If the student is eligible, what is the amount this semester? ____________________________

(Or attach verification of amount)

If the student is not eligible, what is the reason?

[ ] Over allowed number of hours
[ ] Over allowed number of semesters
[ ] Not making satisfactory progress
[ ] Over income
[ ] In default status
[ ] Other: __________________________________________________________________________

To your knowledge, is student receiving any other grants or scholarships this semester? [ ] Yes [ ] No

If so, please attach list of grants and amounts.

Signature of School Staff: ____________________________________________ Date: ____________

Position: ________________________________ Name of Institution: __________________________

Please return the completed form to: