



Verification of Educational Grant Assistance
Workforce Innovation and Opportunity Act (WIOA)
FORM WIOA I-B – 3.3

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.

Signature	Date	Student ID (Optional)
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: