



Part A- Completed by SNAP E&T Coordinator

Participant Name: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_
Training Institution: \_\_\_\_\_ Training Program: \_\_\_\_\_
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Student Awareness Statement

I request and authorize the instructor, counselor, financial aid advisor, and training institution to provide any information regarding my attendance, performance, Placement/Employment, and federal funding award information to TDLD. This form and its contents have been discussed with me and I understand the information to be obtained is for the purpose of establishing my eligibility for the SNAP Employment and Training Program.

SNAP E&T Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SNAP E&T Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Part B- To be Completed by Title I Staff

Title I and SNAP E&T Co-Enrolled: Yes No

If no, please list reason participant is not eligible for co-enrollment: \_\_\_\_\_

Is Transportation Reimbursement covered by Title I: Yes No

Breakdown of costs needed for Training:

Tuition: \$ \_\_\_\_\_ Tools: \$ \_\_\_\_\_
Books: \$ \_\_\_\_\_ Testing Fees: \$ \_\_\_\_\_
Uniforms: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

Other Funding Source Used (Pell, etc.): \$ \_\_\_\_\_

Total Costs covered by Title I Funds: \$ \_\_\_\_\_

Tuition Paid from Allocated SNAP E&T Funds: \$ \_\_\_\_\_

Remaining Unmet Need for Supportive Services: \$ \_\_\_\_\_

Title I Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Part C- To Be Completed by SNAP E&T Central Office Staff

Remaining Unmet Need for Supportive Services: \$ \_\_\_\_\_

Approved Denied Denied Reason: \_\_\_\_\_

Central Office Signature: \_\_\_\_\_