



Occupational Skills Training Participant Agreement

Occupational Skills Training (OST) offers individuals a path to upgrading their skills in a high-demand career field where there is an opportunity to become employed in a quality job that offers higher wages and career growth.

Training scholarships for Individual Training Accounts (ITA) are funded through the Workforce Investment Board of Tulare County and are limited based on the availability of funds. Individuals who receive a training scholarship must agree to follow all program requirements and guidelines before enrolling in an OST program.

As an individual seeking a training scholarship, I understand and agree to adhere to the following:

I understand that scholarships are not guaranteed, and scholarships will only be provided to participants who commit to all program requirements.

If I change my mind about attending training before the start date, I will contact my Career Coach immediately.

I will contact my Career Coach on the **first day of school** to confirm I have started training.

I understand that I **must** maintain, at a minimum, **monthly contact** (email, phone call, in-person) with my Career Coach to provide updates on my training progress, attendance, and communicate any support I may need. Contact must be made each month, including during school breaks. **If I fail to maintain contact, it may affect my scholarship, and I may be removed from the program.**

I will always conduct myself professionally and work to the best of my ability.

I will follow the school's dress code, attendance, withdrawal/drop policy, and other policies and regulations to remain in good standing and complete my training program.

I will attend all scheduled classes and be on time, except for reasons that constitute an excused absence. I will contact the school to notify them of any absences, make up missed assignments, and request tutoring if needed.

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I will **provide a copy of unofficial transcripts or progress reports to my Career Coach** at the end of each grading period and notify my Career Coach when I complete training. Upon completion of training, I will provide **verification of completion** (i.e., Copy of Certificate of Completion/Diploma/Degree). If applicable, I will also provide a copy of my State License.

I understand that if I do not begin my training program or drop my program without properly notifying my Career Coach and the school, I may be responsible for any cost acquired for tuition, books, uniforms, supplies, etc.

I understand that if I do not start my training program, I will not be reimbursed for any training costs incurred.

If applicable, I understand that I will provide financial aid documentation for any financial assistance I receive to support my training cost. Any financial aid received will not impact the approval of this scholarship application.

I understand that if I am to be reimbursed for any of my training-related expenses, I will submit the required receipts to my Career Coach **no later than 30 days after completing each semester/level/segment of training. If I incur any required training-related expenses after completion of training, I will submit receipts within 30 days from the date the expense occurred to be considered for reimbursement.**

I understand that if any of my contact information changes (address, email, phone number) during program participation, I will notify my Career Coach immediately and provide updated contact information.

I understand it is my responsibility to contact my Career Coach to receive employment placement services, assistance with job interviews, and job referrals to obtain employment.

I understand that when I become employed, I will provide my Career Coach with my employment information, who will update the information in my file.

I agree to participate in quarterly follow-up services for up to 12 months after job placement and communicate any support I may need.

I have been informed and received a copy of the local grievance and complaint procedures. I will notify my career coach of any concerns with the school.



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Having read the above statements, I hereby agree to and understand all requirements. I understand that failure to comply with this OST agreement could affect my scholarship and my participation in the program.

Participant Name

Signature of Acknowledgement

Date

Career Coach Name

Signature

Date

Career Coach Contact: Phone number/Email