



Sponsorship Agreement Form for Classroom Training

Name: _____ TWIST ID: _____

Program: _____ Start Date: _____ Site: _____

The Workforce Solutions of West Central Texas is pleased to consider sponsorship of this training opportunity for you. It is our desire that you gain the opportunity and the ability to find and retain meaningful career employment after completion of training. Due to the nature of this program, we ask you to follow certain guidelines, which are designed to maximize your training experience while ensuring that we maintain the integrity of the program. Please keep this document for a reference.

IF SPONSORED FOR TRAINING, I ACKNOWLEDGE AND AGREE TO THE FOLLOWING:

1. The services I am to receive are considered an investment in my future. I have an obligation to myself and to the taxpayers of the United States to ensure that I use this opportunity wisely and efficiently. I will devote my time and energy toward successfully completing training and obtaining employment.
2. Sponsorship of training is for a specified period. Continued sponsorship is dependent upon (a) continued availability of funds; (b) satisfactory progress in training; (c) compliance with program policy and procedures; (d) and compliance with the Career Development Plan (CDP) developed by myself and WFS Staff which may include any changes during the training period.
3. The goal of this training and my goal are to seek and accept full-time employment upon completion of training. I will seek and accept help from any source, which I feel can assist me in finding employment.

BY ACCEPTING SPONSORSHIP, I AM OBLIGATED TO MEET CERTAIN REQUIREMENTS. MEETING THESE REQUIREMENTS WILL ENSURE CONTINUED SPONSORSHIP. THE REQUIREMENTS ARE:

- I must meet all enrollment and pre-requisite requirements for the training institution and for the specific training program prior to receiving sponsorship.
- I must maintain a full course schedule of twelve (12) hours, or as determined by the training institution, during each semester/quarter.
- All training must be completed within two (2) years.
- I will meet on a monthly basis or more often as needed with WFS Staff to discuss my progress and any problems.
- I will attend class regularly and complete an Attendance Record, which will be submitted no less often than monthly, to WFS Staff. Failure to submit these records promptly or to attend class regularly is a reason for termination from program sponsorship.
- Any deviation from my CDP or from my original training schedule/program must be approved in advance, or else I risk termination from program sponsorship.
- A cumulative GPA of 2.0 (C) is required for continued sponsorship. If I fail a course I must retake that course at my own expense. If I fail a semester/quarter or am placed on academic probation, I must successfully complete one full semester/quarter before my training sponsorship will continue. I will obtain any tutoring I need to improve my grades.
- I must apply for the Pell grant and other federal/state assistance. Pell funds, workforce training funds, and workforce support service funds will be combined to meet my training costs and living costs as much as

possible. Workforce funds **cannot** be duplicated by payments for the same service being made by more than one Workforce Center program or from other financial resources.

- If my training program is more than one year in length, I must apply for the Pell at the beginning of the subsequent new school year.
- Funds from my Individual Training Account (ITA) may be used to purchase books, tools, supplies, and uniforms that are required by the training institution and are reasonable based on my ITA.
- I realize that no additional funding will be added to my ITA budgeted amount. I will be responsible for costs which exceed the budgeted amount. I will also be responsible for costs for courses which are not required by the training institution for my approved training.
- If I decide to withdraw from my classes and not return back to school I may be asked to repay incurred training costs.
- An acceptance letter from the school is required for some courses such as LVN.
- I must provide a class schedule prior to the beginning of each semester/quarter to WFS Staff. WFS Staff must approve any changes to that schedule in advance.
- I will provide WFS Staff a copy of my grades at the completion of each semester/quarter before I can receive approval for sponsorship of the next semester/term. I will also provide documentation upon completion of my training (certificate, diploma, etc.).
- I will inform WFS Staff of address, phone number, or back-up contact changes as soon as they occur.
- I understand that violation of workforce or training guidelines may result in termination from the program.
- I understand that while I am in training and upon completion of training, I may use Workforce Center services, which will assist in preparing for or obtaining employment. I will conduct job search contacts and turn in appropriate paperwork as necessary.
- Upon completion of training, I agree to keep in contact with WFS Staff and look for work. I will provide WFS Staff information concerning my employment, current address and phone number for the determined length of follow-up (12 months).
- I understand that Workforce Center staff may maintain contact with me for at least 12 months after completion of my training. I agree to quickly respond to the Workforce Center or the Texas Workforce Commission's request for information concerning my participation in workforce services.
- I am not in default on student loans.

I have read this document and agree to comply with the agreement described above.

You may request an informal local review to discuss any decisions by contacting WFS staff. You may also request a hearing to appeal a decision within 14 days from the mailing date of the decision. An authorized representative, or legal counsel may represent you. To request a hearing, contact the Program Supervisor or their designee at 500 Chestnut St. Ste. 1100, Abilene TX 79602 325/795-4200, 800/457-5633, by telephone, in person, or in writing.

Customer Signature

Date

Workforce Solution Staff Signature

Date

Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities.

Relay: 1-800-735-2989 (TTY) / 711 (Voice).

This service is funded in whole or in part with federal funds. More detailed information is located on the Board's website at

<http://www.workforcesystem.org/107/Public-Information>.

Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sin ningún costo y a solicitud.