

Agency Name, Program Name

PARTICIPANT MATCHED WITHDRAWAL FORM

This form should be completed whenever a participant requests approval for a withdrawal.

Date _____ Program Officer _____

Program Id: _____ Site Id: _____

Participant Id: _____

Participant first name: _____

Participant last name: _____

Required document checklist:

- Educational/Career Plan:** A written plan that describes the sources and uses of money for the total cost of the education the participant is planning and must be submitted with the withdrawal request. This plan should be written with the help of the career/educational technical assistance provider. This plan should include evidence of consideration of career options, goals and earning potential.
- Information about the school.** Written information about the school/institution that participant will be attending. A catalog or brochure that describes the area of study and the school's accreditation should be submitted with your withdrawal request.
- Information about the course(s).** Written information about the course(s) that you will be taking. This information can be photocopied or highlighted from/in the catalog. It should include the title of the course, the length of the course, a brief description, the number of credits, and the price of the course. This information must be submitted with the withdrawal request.
- Acceptance into the school or program.** Verification of acceptance into the school or program. This can come from an acceptance letter or a bill for the course. This must be submitted with the withdrawal request.

Vendor name: _____

Address: _____

Phone: (_____) _____

Withdrawal date: _____

Participant check amount: \$ _____

Agency Check Amount: \$ _____

Agency Check Number: _____

Loan Amount (If applicable): \$ _____

Lending Institution Name: _____

Total Participant savings used: \$ _____

Total Match funds used: \$ _____

Total Value of the Asset Purchased: \$ _____

Date Participant received Match Funds Check for Vendor \$: _____

Date Participant closed IDA \$: _____

Date Program Officer enters successful withdrawal status into MIS: _____