

Complete this application only after you finish the verification process for your program. This is the last step your program takes at the state level. It collects only the information the Governor’s office needs to certify your program for Workforce Pell.

The Workforce Pell path (four steps)

1. Complete verification with the agency that handles your type of program (see the three pathways below).
The agency reviews your program and issues a verification letter.
2. Submit this application To WSAC and attach your agency verification letter.
3. The state prepares the Governor’s certification and any needed change to your Program Participation Agreement (PPA).
4. Your institution sends the Governor’s approval with its application to the U.S. Department of Education (E-App).

HOW THIS APPLICATION WORKS

This application will provide the institution and program facts that the Governor’s office needs, which includes: institution name, OPE ID, address, and program name. The state separately confirms your CIP and SOC codes from the verification-stage SOC–CIP crosswalk, so you do not classify them yourself. —You can submit your CIP and SOC codes below only if known.

The state will calculate your completion rate, job placement rate, and eligibility date from its own data. Do not report those here.

Your agency verification letter documents that your program meets the other eligibility requirements. Do not repeat that detail in this application.

Provide aggregate or de-identified information only. Do not include personally identifiable information (PII) unless the state asks for it.

Section 1 — Confirm Verification

Three pathways — where you complete verification

Your program type	Verification agency	Verification form to use
Community & Technical College (CTC) programs, including CTC-sponsored apprenticeship related instruction (RSI)	SBCTC	SBCTC Workforce Pell Verification Form
Private career schools and Registered Apprenticeships not run through a CTC	Workforce Board / Career Bridge	Workforce Board / Career Bridge Verification Form
Public and private four-year institutions	WSAC	WSAC Four-Year Institution Verification Form

Check the agency that completed your verification and attach the verification letter.

- ☐ SBCTC (CTC or CTC-sponsored apprenticeship RSI)
- ☐ Workforce Board / Career Bridge (private career school or non-CTC Registered Apprenticeship)
- ☐ WSAC (four-year institution)
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- ☐ I have attached my agency verification letter which documents that this program meets Workforce Pell eligibility requirements.

Verification letter date: _____

Section 2 — Institution Information

This is Section A.1 of the Governor's State Workforce Pell Program Certification (OMB 1845-0189).

Name of institution: _____

OPE ID (if known): _____

Address: _____

Authorized representative (name and title): _____

Contact email: _____

Contact phone: _____

Section 3 — Program Information

This is Section A.2 (a–c) of the Governor's Certification. Enter one program per row. Add rows if you are submitting more than one verified program. Enter CIP and SOC codes only if known; the state confirms both from the verification-stage SOC–CIP crosswalk.

Program name	6-digit CIP code	SOC code

STATE-CALCULATED ITEMS

The Governor's Certification also lists, for each program, the date it met eligibility requirements, its completion rate, and its job placement rate (Section A.2, d–f).

The state fills in these three items from its own data (ERDC, ESD wage records, and college or provider records). You do not enter them on this application.

Section 4 — Certification and Signature

- ☐ I completed the verification process for this program before submitting this application.
- ☐ The information in this application is true, accurate, and complete to the best of my knowledge.
- ☐ I authorize WSAC and its partner agencies (SBCTC, Workforce Board, ESD, ERDC, and others as needed) to verify this information through state and federal data systems.
- ☐ I understand that final Workforce Pell eligibility depends on state certification and U.S. Department of Education approval.

By signing, the authorized representative certifies that the information provided is true, accurate, and complete. Knowingly submitting false or misleading information may result in denial, removal, repayment, referral for investigation, or civil or administrative penalties under applicable federal and state law.

Institution name: _____

Authorized representative: _____

Title: _____

Signature: _____

Date: _____