



Workforce Solutions – Tracking Unit
PO Box 924586 Houston, TX 77292
MAIN: 713.334.5980 FAX: 713.266.2495
www.wrksolutions.com

TWIST ID:

October 2, 2023

Customer Name
Address
City, State, and ZIP

Dear Ms. /Mr. {LAST_NAME}:

We appreciate the opportunity to help you improve your skills and knowledge by awarding you a scholarship for training. However, it has come to our attention there have been challenges with your academic performance and/or communication with us during your training program.

After careful consideration, we regret to inform you that we must discontinue our financial support, effective [Add date]. If you disagree with our determination, you have the right to request a review. To request a review, please complete the attached document and return it along with any supporting documents within 14 calendar days.

We wish you the best of luck in your future endeavors.

Sincerely,

Workforce Solutions
1-888-469-5627

www.wrksolutions.com 1.888.469.JOBS (5627)

Workforce Solutions is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. (Please request reasonable accommodations a minimum of two business days in advance.) Relay Texas: 1.800.735.2989 (TDD) 1.800.735.2988 (voice) or 711

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Request for Review

Name:	TWIST ID:	Decision Date:
Services were denied or terminated due to:		
<input type="checkbox"/> Not Making Satisfactory Progress <input type="checkbox"/> Failed to Maintain Contact and/or Submit Proof of Grades <input type="checkbox"/> Other: _____		
<p>You have the right to a review of Workforce Solutions’ decision to deny or discontinue financial aid. We must receive your written request to review the decision within 14 calendar days of the date in this letter. You may email, mail, or fax your request and supporting documents to:</p> <p style="text-align: center;"> Workforce Solutions Attn: Financial Aid Review PO Box 924586 Houston, TX 77292 Fax: 713.266.2495 Email: appeals@wrksolutions.com </p>		

Please explain why you feel Workforce Solutions’ decision to deny or discontinue your financial aid is unfair or unjust. You may include additional pages if the space below is not sufficient.

Are you submitting supporting documents you believe are relevant? Yes No

We will send you our decision within 15 calendar days of the date we receive your request for a review. If we are unable to resolve your issue, a Board Review will be scheduled, and you will be provided with the information.

Signature: _____ Date: _____

Printed Name: _____

A decorative graphic on the left side of the page consisting of a cluster of hexagons in various shades of gray, orange, and green.

LANGUAGE ASSISTANCE

This document contains vital information about requirements, rights, determinations, and/or responsibilities for accessing workforce system services. Language services, including the interpretation/translation of this document, are available free of charge upon request.

Asistencia de Idiomas

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.

Hỗ trợ ngôn ngữ

Tài liệu này có thông tin quan trọng về các yêu cầu, quyền hạn, quyết định, và/hoặc trách nhiệm để sử dụng các dịch vụ của hệ thống nhân lực. Các dịch vụ trợ giúp ngôn ngữ, bao gồm thông dịch/chuyển ngữ tài liệu này, có sẵn miễn phí khi quý vị yêu cầu.

语言协助

此文档包含对于获得劳务系统服务的要求、权利、决心和责任义务的重要信息。包含对此文档的翻译等语言协助服务会根据需求免费提供。