

Teacher Qualification Task Force Committee STAFF TRAINING MONEY REQUEST

You will receive reimbursement after submitting receipts and grades for approved coursework.

Please Print Name: _____

Date: _____ Region/Site: _____

Requesting funds for which term (circle one): **Fall** Winter Spring Summer

Educational Goals (<i>Long Term</i>)	Current Education Status/Degree
Proposed Degree and Course of Study	Other Source of Financial Support
Learning Institute:	Do you have outstanding tuition charges at this institution? <input type="checkbox"/> No <input type="checkbox"/> Yes, How much?
Class Title:	
Course #	Units:
Days & Time:	

Please make sure all costs are complete and accurate. Head Start will consider paying up to \$250 per request.

Learning Institute Costs	Requested	Approved <small>(for office use only)</small>
A) Tuition	A\$	\$
B) Fees (<i>itemize</i>)		
	B\$	\$
C) Books (<i>itemize</i>)		
	C\$	\$
D) Supplies (<i>list</i>)		
	D\$	\$
E) Other (<i>list</i>)		
	E\$	\$
Total Costs	\$	\$

I agree to contact Head Start as soon as I drop a class

Applicant Signature: _____ Date: _____

Program Director: _____ Date: _____

WHITE : Finance
 YELLOW : Program Director - Will distribute copies after review.
 PINK : Staff
 GOLD : Region Manager