

Administrative-Management-Office-Family Service Workers Request for Continuing Education Participation/Reimbursement

Name: _____

Position: _____

Current Education Level: _____

(List highest level of education, degrees & endorsements) [example: BA Human Development with a minor in Sociology]

Do you hold an active State Certification: Yes No

(If yes, at what level and what field?) _____

Institution Enrolled in: _____

Course to be Enrolled in: _____

Date of Course Taken: _____
 mo./day/year to mo./day/year

Approximate Cost of Course: _____ Number of credits: _____

Anticipated completion date of your qualified Plan of Action: _____

As part of your outlined Plan of Action, please detail the specific degree program or certification you are working on:

- Maintain a State recognized Certification
- Earn Added Endorsement/major or minor to my current degree program
In what area(s) of study: _____
- Complete a 4-Year Program
In what qualifying area of study: _____
- Complete a 2-Year AA Program
In what qualifying area of study: _____
- Participate in/complete a specialized area of study in my area of work
In what qualifying area of study: _____

Please list any sources and amounts of funding you are receiving to cover your continuing education expenses (Example: Pell Grants, Student loans, Scholarships, etc.)

How will any financial assistance received from SCCD, Inc. be used if you are receiving other financial assistance? _____

Qualified reimbursements will be based on available funding and are subject to proof of payment and satisfactory course completion.

I understand that I will be responsible for paying back the financial assistance received if I do not maintain a "C" on course work, if I do not complete the course work, or if I do not work for the Head Start Program for 3-years after receiving this assistance in total or prorated if less than 3-years.

Signature

Date

Office Use Only

- Tuition: _____
- Other: _____

Approved by: _____
Approved by: _____

Cost Allocated to:

PA: 22 \$ _____
PA: 20 \$ _____

Total Approved: \$ _____

T/TA Coordinator

Director