Staff Scholarship Request for Financial Support Form:

| Staff Name: | Position: | Site: |
|------------------------------------|---------------------|-------|
| □ Other | | |
| □ Teaching License Application Fe | e | |
| □ Credits/CEUs/training for Teach | ing License renewal | |
| □ Credits/CEUs/training for CDA re | enewal | |

AEOA Head Start will:

- Select scholarship candidates according to the Staff Scholarship for Financial Support Policy.
- Staff members interested in applying for reimbursement for credit- based course work or CEU-based coursework, will submit this "Staff Scholarship Request for Financial Support Form." Reimbursement determination will be on a case-by-case basis depending on available funding, the priority areas outlined in the "AEOA Head Start Staff Scholarship Financial Support Procedure" and the number of staff applying for reimbursement.
- Reimbursements will be provided for certificates, licensures, or renewals required for the position.

Staff requesting financial support will:

• Have successfully completed the probation period. This provision may be waived if the employee is in good standing and is seeking to obtain or renew a certificate or credential, that not having, would benefit the program.

- Submit this written request and detailed statement of their educational goals and action steps.
- Obtain prior approval from their Program Manager, Head Start Director and Scholarship Committee.
- Give AEOA Head Start an itemized bill from the providing institute.
- Give AEOA Head Start a copy of the official transcript, license, credential, or certificate upon completion.
- Not receive any other outside financial assistance for this specific financial support request.
- Reimburse AEOA Head Start the entire scholarship dollar amount within 30 days if:

Completion of coursework is unsatisfactory.

Staff utilize scholarship funds for a baccalaureate or advanced degree and leave the Head Start program by choice before completing a 3-year commitment after using the funds. Reimbursement will be the total or prorated amount of the financial assistance received based on the length of service completed after the degree earned. I understand and agree to all terms outlined in my Staff Scholarship Request for Financial Support form. All terms were discussed with my EHS Program Manager/Education Manager.

Staff Signature/ Date

EHS Program Manager/Education Manager Signature/ Date

Head Start Director Signature/ Date

□ Paid by staff: Reimbursement to be paid upon approval.

□ Paid by Program Credit: No reimbursement required.

This contract is contingent upon approval of Arrowhead Head Start's Training Plan and receipt of

Training and Technical Assistance dollars specific to the Scholarship budget.

If requesting Financial Support for degree and/or credential based course work complete this section.

| I am requesting Scholarship Financial Support to help cover the cost of: | | | |
|--|--|--|--|
| Long Term Educational Goal: | | | |
| Short term Educational Goal: | | | |
| Steps to achieve my goal: | | | |
| . ,, | | | |

| Course Title | Course Description | Training Institute | Schedule/ Timeline | Itemized Cost |
|--------------|--------------------|--------------------|-----------------------|------------------|
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