

**MARC HEAD START REQUEST FOR EDUCATION FUNDS - COLLEGE COURSEWORK**

**Submit form by uploading to the Head Start Data Team SharePoint, HR Folder, Upload, Continued Education Documents**

Program Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Title & Position: \_\_\_\_\_

Program Employee Works In:  Head Start  Early Head Start

College Institution: \_\_\_\_\_ Student ID#: \_\_\_\_\_

<u>Course Name and Number</u>	<u>Semester/Year</u>	<u>Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Cost for Additional Fees from courses: \_\_\_\_\_

**Total Cost of All Charges for Courses/Fees** \_\_\_\_\_

Book required for Course: \_\_\_\_\_

Book required for Course: \_\_\_\_\_

Book required for Course: \_\_\_\_\_

Book required for Course: \_\_\_\_\_

Total Cost for Fees/Shipping from books: \_\_\_\_\_

**Total Cost of All Books/Fees/Shipping** \_\_\_\_\_

**Include the following documentation with this form (we cannot process request if this is not included)**

\_\_\_\_\_ Documentation of projected costs (student account summary)

\_\_\_\_\_ Printout of estimated cost for required books

\_\_\_\_\_ Plan of Study (initially/update, if necessary)

\_\_\_\_\_ Documentation that FAFSA was submitted & what, if any, was awarded (required yearly)

\_\_\_\_\_ Evidence of successful completed of previous courses funded by MARC Head Start

\_\_\_\_\_ Current Professional Development Plan outlining process for obtaining qualification, timeline, signed off and dated by staff and supervisor (submit initially and when updates or progress occurs)

If MARC Head Start pays for classes/books and the employee drops out of the class, the funds will be deducted from the programs current training plan, and it will be the responsibility of the program to get reimbursed. A grade of "C" or above must be achieved. If it is necessary for the employee to repeat a class again for any reason, it will be the employee or programs financial responsibility.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_