Head Start
MID-AMERICA REGIONAL COUNCIL

8030a

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: ____ Early Head Start ____Head Start
College Institution: _____Student ID#: _____

Course Name, Course Number & CRN Number	Semester/Year	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total Cost 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 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)

_____ Account Summary of projected costs

_____ Class Schedule with CRN Number for Class

_____ Printout of estimated cost for required books (No book rentals, only digital, used or new)

_____ 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: _____

Form 8030a Revised: 8/13/25