

Guidelines

★Each STARS participant may receive a one-time award of up to \$150 toward basic (20-Hour) STARS training.

★Each STARS participant may receive up to \$100 each year toward continuing education (annual requirement of 10 hours). Participants may receive up to two reimbursements per year.

★Your application, a copy of your receipt(s), and certificate(s) or college transcript must be received after, but within 90 days of, completing your training.

Staff Use Only

_____ # _____

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REIMBURSEMENT Application

Last Name: _____ First Name: _____ MI: _____

Note: You do not need a STARS number to apply for reimbursement.

STARS ID: Date of Birth: ____/____/19____

Total Reimbursement Request for trainings completed within 90 days: \$ _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____ County you work in: _____

Day Phone: (____) _____ Evening Phone: (____) _____ Email Address: _____

Job Title: Mark the title that most closely describes what you do. *Only those in the categories below are eligible.*

- | | | |
|--|---|---|
| <input type="radio"/> Child Care Center Director | <input type="radio"/> School-Age Program Director | <input type="radio"/> Family Child Care Provider/Licensee |
| <input type="radio"/> Child Care Center Program Supervisor | <input type="radio"/> School-Age Site Coordinator | <input type="radio"/> Family Child Care Primary Worker |
| <input type="radio"/> Child Care Center Lead Teacher | <input type="radio"/> School-Age Lead Staff or Group Leader | <input type="radio"/> Family Child Care Assistant |
| <input type="radio"/> Child Care Center Assistant or Aide | <input type="radio"/> School-Age Child Care Assistant | |

I have attached a copy of a receipt, and a certificate or college transcript (see below) for each training for which I am requesting reimbursement. The information I have provided on this application is true and accurate. I have incurred an expense and require financial support for STARS training. I understand that eligibility does not guarantee I will receive a scholarship.

Signature: _____ Date: _____

TMP/forms/scholarshipApplicationJanuary2010

What You Must Know

- ★**Make sure this form is current.** Compare the date on this form with the form on the Registry at www.stars.del.wa.gov or call us. This form was created January 2010. Faxes are not accepted. Reimbursements are a refund of your registration fees.
- ★**We will respond** within 15 business days of receiving your application. If your application is returned, you may resubmit if you do so within 90 days of completing the training.
- ★**A valid certificate of completion includes** your name, the training title, date(s) and number of hours, the instructor's signature and the STARS approved training source's name and STARS ID Number. Continuing education (annual requirement of 10 hours) certificates must include the core competency area(s); 20-Hour training certificates must note training audience (either family child care, school-age program, child care center or mixed group). *Conference certificates must state that they have been verified; they must list the specific titles of the sessions you attended.* If the certificate is not complete, contact the trainer or organization. A valid **college transcript includes** your name, name of college, credit earned, quarter/semester date, course id and course title.
- ★**A valid receipt includes** a date, payer name, payment amount, who is being paid, what payment is for, and if applicable, for whom payment is being made. *A carbon of your two-part check is not a receipt. Copies of cancelled checks are acceptable IF you include both the front and back sides.*