



Child Care Provider Training Scholarship Application

Please complete the following application and return it to
Family Enrichment Network, PO Box 997, Johnson City, NY 13790-0997
at least two weeks prior to the first workshop you wish to take.

Proof of EIP status & supporting documentation, and \$10.00 per class co-pay must accompany the Family Enrichment Network Scholarship application.

Provider's Name: _____ Date: _____

Provider's Address: _____

Name of Child Care Program: _____

- I have attached a copy of my child care registration/license or proof of employment at a child care center. ~ OR ~
- Verified during home visit by: _____ on: _____
- I have attached verification of my EIP status (ineligibility for funding):
 - a copy of my latest income tax, showing my gross adjusted income
 - ~ OR ~
 - a copy of letter from EIP (denial letter or approval for 75% funding)
 - ~ OR ~
 - Verified during home visit by: _____ on: _____

I am eligible for the following level of EIP funding: 75% 0%

I have included a \$10.00 co-pay for each workshop I wish to attend. (Total: _____)

Workshops You Wish To Be Funded For

Date of Workshop	Workshop Title:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Provider's Signature: _____ Date: _____

**DO NOT COMPLETE THIS SIDE OF THE FORM
FOR FAMILY ENRICHMENT NETWORK STAFF USE ONLY**



Family Enrichment Network Training Scholarship Voucher

Provider's Name: _____

Training Title: _____

Training Date: _____ Voucher Amount: _____

Approved by: _____ Date: _____

Provider's Signature: _____ Date: _____



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