Early Learning Coalition of Lake County
Professional Development Reimbursement Program
Payment Reimbursement Application Form

FALL SEMESTER APPLICATIONS ARE DUE BY DECEMBER 31ST ANNUALLY

SPRING SEMESTER APPLICATIONS ARE DUE BY MAY 30TH ANNUALLY

PLEASE READ BEFORE SUBMITTING YOUR APPLICATION
NO LATE APPLICATIONS WILL BE ACCEPTED.

- ✓ **Complete each question on the application thoroughly. If you are intentionally leaving a space blank, put a dash.**
- ✓ **The Coalition reserves the right to disqualify all applications that are not filled out completely.**

SECTION 1: PERSONAL INFORMATION

Today's Date :_____ Semester (Circle One): Spring Fall Year: _____

First Name:_____ MI: _____ Last Name: _____

Home Address: _____ _____ _____ _____
Street City Zip County

Telephone: Home_____ Work/Cell _____Email:_____

Date of Birth:_____ Social Security No.:_____

SECTION 2: EMPLOYMENT INFORMATION

Employer Name: _____ Director/Supervisor Name:_____

Employer Address: _____ City:_____ County: _____

Employer Phone: _____

SECTION 3: EDUCATION INFORMATION

Educational Institution Name: _____

Course(s) Information: (Please list the information for course(s) that you are seeking reimbursement.)

Course(s) Title:	**Course(s) Dates:**	**Campus Location:**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Required documentation attached:

_____ Official Unopened Transcript

_____ Documentation of payments (i.e. tuition/book receipts, credit card, cancelled check, etc.)

Reimbursement Amount requested: $ _____

Applicant's Signature: _____ Date: _____

All reimbursements are subject to availability of funds. Any misappropriation of these funds will result in full re-payment of allocated amount and forfeiture of future funding opportunities.