### MARC HEAD START REQUEST

FOR EDUCATION FUNDS-COLLEGE CREDIT

Name: ________________________________________________________________

Address: ______________________________________________________________

Phone (best # to contact): _____________________ E-Mail: _________________________

Site Name: ___________________________________________________________________

Select Grant: Head Start/Early Head Start/Early Head Start Expansion: ________________

College Institution: ____________________________________________________________

<table>
<thead>
<tr>
<th>Course # and Name</th>
<th>Semester/Year</th>
<th>Cost</th>
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<td>(General Fees (all that are applicable))</td>
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Total fees for Course: ____________________

Book required for Course: ____________________________________________

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
- ____ Signed Plan of Study from academic advisor
- ____ Documentation that FAFSA has been submitted
- ____ Evidence of successful completion of previously MARC funded courses
- ____ Current Professional Development Plan outlining process for obtaining qualification, timeline, and signed by staff and site supervisor

MAHS will pay for each class one time. If it is necessary for staff to repeat a class again for any reason, it will be the staff member’s financial responsibility. A grade of “C” or above must be achieved before more funds request will be approved.

**Employee’s Signature:** ____________________________ **Date:** ____________________

**Site Management’s Signature:** ____________________________ **Date:** ______________

*Print signed/dated request and email to MARC Head Start Quality Assurance Coordinator.*

**Date received:** __________ **Date entered:** __________

Revised: 6/17/20