



**ELC BREVARD HIGHER LEARNING PROGRAM  
STIPEND REQUEST FORM**

**APPLICANT INFORMATION**

<b>NAME:</b>			
<b>DATE OF BIRTH:</b>	<b>PHONE (H):</b>	<b>PHONE (C):</b>	
<b>CURRENT MAILING ADDRESS:</b>		<b>NEW ADDRESS: YES OR NO (IF YES SUBMIT NEW W-9)</b>	
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>	
<b>NAME OF PROVIDER:</b>	<b>DIRECTOR:</b>	<b>HIRE DATE:</b>	

**COURSE INFORMATION**

(PLEASE FILL OUT ANOTHER FORM COMPLETELY IF YOU HAVE MORE THAN 5 COURSES)

COURSE/BOOK TITLE	SEMESTER END DATE	COST	INSTITUTION OFFERING EDUCATION

**DIRECTIONS FOR SUBMISSION:**

1. REQUESTS MUST BE SUBMITTED NO LATER THAN 7 WORKING DAYS AFTER SEMESTER COMPLETION. LATE OR INCOMPLETE SUBMISSIONS WILL NOT BE ACCEPTED.
2. ATTACH A COPY OF CURRENT TRANSCRIPT OR CERTIFICATE OF COMPLETION TO VERIFY GRADES.
3. IF YOU HAVE QUESTIONS, PLEASE CONTACT GWEN HERTLEIN-HABER AT 321.637.1800 EXT 2061.
4. REMIT TO: EARLY LEARNING COLLATION OF BREVARD ATTN: GWEN HERTLEIN-HABER PO BOX 560692 ROCKLEDGE, FL 32956
5. PLEASE ALLOW 30 DAYS FOR PROCESSING.

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**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

**For Coalition Use Only**

AUTHORIZED BY SKY BEARD, EXECUTIVE DIRECTOR _____	DATE _____	EMPLOYMENT LEVEL _____	RECEIVED IN AP _____ DATE _____ INITIALS _____
NUMBER OF COURSES/BOOKS SUBMITTED _____	COURSES/BOOKS APPROVED _____	CODING _____	
DOCUMENTATION ATTACHED _____	STIPEND TOTAL _____	ENTERED _____ DATE _____ INITIALS _____	
APPLICATION RECEIVED _____	COPIES GIVEN TO FINANCE _____	POSTED _____ DATE _____ INITIALS _____	
CHECK MAILED TO PARTICIPANT _____ DATE _____ CHECK # _____			