CSRA EOA, Inc. Head Start

TEXTBOOK(S) PAYMENT REQUEST

This form must be completed within the current quarter/semester and submitted to the Training/Career Development Specialist.

Name: ___________________________ Date: ________________

Address: ___________________________

Phone #: ___________________________

Employment Location: ___________________________

Institution Attending: ___________________________

Type of Degree: ____________ Major Area of Study: ________________

Course(s) this Quarter/Semester: ___________________________

Number of Textbook(s): _______ Title: ______________ Cost: _______

Title: ______________ Cost: _______

Title: ______________ Cost: _______

Title: ______________ Cost: _______

Total Cost: ______________

Signature of Applicant: ___________________________

The following items are to be attached before approval: copy of institution bookstore itemized cost for book(s). Progress report must be turned in at the end of each quarter/semester.

DO NOT WRITE BELOW THIS LINE

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APPROVED ___________ DENIED ___________ (schedule meeting)

AMOUNT $ ___________

Training/Career Development Specialist ___________________________

Head Start Director ___________________________________________

Executive Director ___________________________________________

Revised 7/10