

T.E.A.C.H. Early Childhood[®] MICHIGAN
Family Child Care Home Sub-Reimbursement Claim Form

Name: _____

Address: _____

Counselor: _____

Associate Degree Scholarship for Group Home Provider

Terms: Fall _____ Winter _____ Spring _____ Summer _____

NOTE: T.E.A.C.H. reimburses for a maximum of 6 credits per semester. A T.E.A.C.H. scholarship counselor may adjust your calculations based on term length and/or number of credits reimbursed.

Total number of eligible credits to be reimbursed for

a.

Total number of weeks in this semester

b.

Total hours available (a multiplied by b)

c.

Divide "box c" by 2

d.

Total amount being reimbursed (d multiplied by \$10.00)

e.

For Office Use Only

Funding:

Reimbursement Amount:

Requested by (Counselor):

Approved by: