Form C

T.E.A.C.H. Early Childhood® MICHIGAN

Release Time Reimbursement Claim Form

Sponsor Information

Program License #: _____

Program Name
& Address:

For:

Recipient Student ID #:
Recipient Name:
College:
T.E.A.C.H. Counselor:

Term Covered by this claim check one	(You must use a separate sheet for each semester) ☐ FALL ☐ SPRING ☐ SUMMER ☐ WINTER _____ Year _____

Release Time Claimed

(Form must be completely filled out in order to process)

	Date release time actually given	# of Hours Off Round to nearest 1/2 hour	Date release time actually given	# of Hours Off Round to nearest 1/2 hour
Sample	**10/10/08**	**2 hrs.**		
Total Hours Claimed			**Total Hours Claimed**	

Director's Signature: _____

TEACH Recipient's Signature: _____

I certify that the reimbursement claim I am making is true and accurate.

I understand that if Michigan 4C Association determines that the information on this form is not accurate: the scholarship will be adjusted to reflect this.

This release time reimbursement claim form must be submitted prior to the end of the following semester/term for which the claim is being made. If it is not received by then it cannot be processed.

The Michigan 4C Association reserves the right to terminate a scholarship contract if the Association determines that the scholarship recipients provided false information on any T.E.A.C.H. program document.

Please return to:

Michigan AEYC
T.E.A.C.H. Early Childhood (R) Michigan
839 Centennial Way Suite 200
Lansing, MI 48917