

## CDS Lakeshore Head Start Staff Scholarship Request

CDS Lakeshore Head Start is committed to providing support for staff members who are dedicated to advancing their education. Requests for scholarship funds will be considered according to the details outlined in the Staff Handbooks. CDS staff members are expected to be proactive in their pursuit of advancing their education and are required to sign and follow the terms of the Scholarship Agreement below to receive funds. **Your request will be considered only if the agreement below has been signed.**

**List the information for the course and educational institute (college, university agency, etc.) you are requesting:**

Course(s) \_\_\_\_\_ Number of Credits \_\_\_\_\_

Educational Institute \_\_\_\_\_

Degree/Certification Desired \_\_\_\_\_

Cost of Class \$ \_\_\_\_\_ Cost of Books \$ \_\_\_\_\_ Total Cost \$ \_\_\_\_\_

### CDS Staff Scholarship Agreement

This is a letter of agreement between (Staff Name) \_\_\_\_\_ and CDS Lakeshore Head Start.

I, \_\_\_\_\_, have applied for a scholarship from CDS Lakeshore Head Start. If I am awarded the above scholarship, I am required to fulfill the terms of this agreement.

Because CDS has agreed to provide the above funds toward my education, I agree to:

- Sign up for classes that do not interfere with my scheduled work hours.
- Attend class regularly and will not miss more than 2 classes during any one semester or term.
- Maintain at least a C average (or maintain a "pass" grade in a pass/fail system) in courses paid for in part by CDS.
- Submit my official grades or certificate to the Training & Volunteer Manager promptly upon receiving them.
- Submit required forms, documents, receipts, etc. to the Training & Volunteer Manager in a timely manner. A minimum of two weeks processing time is required unless otherwise approved (extreme situations only).
- Reimburse CDS for its portion of tuition funds and fees spent for my education if I fail to meet the above guidelines.
- Reimburse CDS for its portion of tuition funds and fees spent for my education if I leave CDS, or I voluntarily transfer to a CDS position for which these classes no longer have relevance, within one year of completion of the course unless waived by the Executive Director.

I agree that the amount to be reimbursed to CDS can be withheld from my pay through a payroll deduction. If the payroll deduction does not fulfill the total amount owed, I understand the balance is due within 30 days of my last day of employment. Failure to pay in full will result in standard collection procedures.

This letter of agreement is required to be submitted with each new scholarship request.

\_\_\_\_\_  
Scholarship Recipient Signature

\_\_\_\_\_  
Date

**The above scholarship request has been      Approved      Denied**

\_\_\_\_\_  
Training/Volunteer Manager Signature

\_\_\_\_\_  
Date