



Approved
Denied

Early Learning Coalition of the Nature Coast
Serving Citrus – Dixie – Gilchrist – Levy – Sumter Counties

Professional Development Reimbursement Program
Application for Reimbursement

Name: _____ Social Security Number: _____

Employer: _____ Home Phone Number: _____

Employer's Address: _____

Employer's Phone: _____ County: _____

Title of Approved Course, Conference, or Certification: _____

Course or Conference Dates and Location, if applicable: _____

Test Date, if applicable: _____

Required documentation attached:

- _____ Copy of certificate of completion, transcript, background screening clearance letter, or other documentation, as appropriate
- _____ Receipts for payment of all fees
- _____ Documentation of denial of other scholarship, as applicable

Reimbursement amount requested: _____

Fees paid by: _____ Participant _____ Employer

Mailing address for reimbursement check:

Submit completed application and all supporting documentation to the Coalition office nearest you:

Main Office
1564 N Meadowcrest Blvd
Crystal River, FL 34429

Chiefland Office
212 N Main St
Chiefland, FL 32626

Bushnell Office
114 Jumper Dr North
Bushnell, FL 33513

FOR COALITION USE ONLY:

Documentation verified by: _____ Date received: _____
Date check mailed: _____ RFE number: _____