



Approved  
Denied

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

**Professional Development/Certification Reimbursement Program**  
**Preliminary Application**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_ County: \_\_\_\_\_

Primary age group of children served: \_\_\_\_\_ Birth to age two \_\_\_\_\_ Age three and up

**Course/Conference/Certification Information**

Title of Course, Conference, or Certification: \_\_\_\_\_

Course or Conference Dates and Location, if applicable: \_\_\_\_\_

Test Date, if applicable: \_\_\_\_\_

Course/Certification Costs: \_\_\_\_\_ Hotel Costs, if applicable: \_\_\_\_\_

**Directions for submission of this application and approval for participation in the program:**

***Note: Completed preliminary application and W-9 Form MUST be submitted in advance!***

1. Complete this preliminary application form and W-9 Form prior to registering for or attending the course or conference, as applicable. ***If activity requires proof of application to other scholarship programs, a copy of the application submitted and/or the status or outcome of the application MUST be attached, and/or a written statement signed by the program owner/director, if applicable.***
2. If you have questions, call Ingrid Ellis at (352) 563-9939 x228 (Citrus County), Tonya Hiers at (352) 490-5855 x410 (Dixie, Gilchrist, or Levy County), or Sandra Woodard (352) 793-5430 x313 (Sumter County)
3. Submit the completed application and W-9 Form to the Early Learning Coalition office for your county.

**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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

***I hereby certify that the above-named applicant is employed at my facility.***

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date