



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

**TIP Program - Stipend Request Form**

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

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

Mailing Address for payment: \_\_\_\_\_  
\_\_\_\_\_

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

**Training Information**

Title of training: \_\_\_\_\_ Date of training: \_\_\_\_\_

Number of hours: \_\_\_\_\_ Agency, organization, or trainer offering the training: \_\_\_\_\_

*Directions for submission:*

1. Complete this stipend request form after completing the training
2. Attach a copy of your certificate of completion **or** the **Verification of Completed Training Form**
3. If you have questions, call Ingrid Ellis at (352) 563-9939 x228 (Citrus County), Tonya Hiers at (352) 490-5855 (Dixie, Gilchrist, and Levy Counties), or Sandra Woodard at (352) 793-5430 (Sumter County).
4. Submit completed documentation to the 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 N Jumper Dr  
Bushnell, FL 33513

*I hereby certify that I hold an approved, current early childhood credential. I also certify that this training qualifies as additional training hours, as defined in the program guidelines.*

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

*I hereby certify that the above-named applicant has been continuously employed at my facility for the length of time stated above. I also certify that this employee has completed the required twelve (12) in-service hours, in addition to this training activity.*

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

*For Coalition use only*

Training activity completed _____	Documentation attached _____
Date verified _____	Coalition staff initials _____
Stipend level _____	Number of hours _____
RFE # _____	Stipend amount _____