



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: _____

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 _____