

KIDS Now Scholarship Textbook Expense Reimbursement Form

(To be presented to Employer by the Scholarship Recipient no later than the end of the academic term)

Congratulations! You and your employee are on the path to high quality care for Kentucky's children!

Thank you for investing in Kentucky's future! As a participating employer in the KIDS Now Early Childhood Development Scholarship Program, you have agreed to pay the employee listed below a book allowance in the amount of the actual cost of book(s) up to \$50.00 a semester or summer term and within (15) days following receipt of proof of purchase from the student. Please reimburse the employee listed below:

To be completed by the Scholarship Recipient:

Employee's Name: _____
Last First MI

Home Address:	_____
City:	_____
State and Zip Code:	_____
Phone #:	_____
Social Security #:	_____
Date of Birth:	_____

Total Book Allowance Requested (enter dollar amount up to \$50.00 per semester or term) Attach receipts to this form	\$ _____
--	----------

Name of Institution Attended: _____

Allowance For Semester (check one):

Fall	Year: 200
Spring	Year: 200
Summer	Year: 200

I affirm that the above information is true and correct:

Student/Employee Signature: _____ **Date:** _____

I acknowledge receipt of proof of purchase of textbooks as detailed above. I agree to provide a copy of this form and evidence I have reimbursed the employee to the local Resource and Referral Professional Development Counselor.

Employer Signature: _____ Date: _____

Scholarship Recipient: Keep a copy of this signed document and the check received from your employer.