The Pennsylvania Key
200 N. 3rd Street, 2nd Floor
Harrisburg, PA 17101

Rising STARS Tuition Assistance Program
Facility Supplement Application

IMPORTANT NOTE: Rising STARS Tuition Assistance Program - Facility Supplement is contingent on the availability of funds. Applications from students enrolling in classes will be given priority for processing and approval. Rising STARS Tuition Assistance – Facility Supplement requests will be processed based on submission dates of complete applications each semester. Incomplete applications cannot be processed and will be returned.

Please print or type all responses.

***All items marked with an asterisk must be completed.**

1. ***SEMESTER** ☐ **Fall** ☐ **Winter** ☐ **Spring** ☐ **Summer**

2. **FACILITY INFORMATION**

*Facility Name: _____

*Facility MPI #: _____ - _____

*Check should be made payable to:
Legal Entity or Location Business Account Name: _____

Address: _____

*Owner/Director Name: _____

*Title: _____

3. **EMPLOYEE INFORMATION**

Applications for Rising STARS Tuition Assistance – Facility Supplement are open to program sites that have at least one member receiving Rising STARS Tuition Assistance for classes in the CDA or Credential Coursework. Please list the staff names, the college/university, and course/s for each individual meeting these criteria and for whom allowable expenses described in Section 4 are being incurred (Additional pages may be added if necessary).

*Staff Member #1: _____
(Student Name)

_____
(College/University Name)

Course A: _____ _____
(Course #) *(Course Title)*

Course B: _____ _____
(Course #) *(Course Title)*

Staff Member #2: _____
(Student Name)

_____
(College/University Name)

Course A: _____ _____
(Course #) *(Course Title)*

Course B: _____ _____
(Course #) *(Course Title)*

Staff Member #3: _____
(Student Name)

_____
(College/University Name)

Course A: _____ _____
(Course #) *(Course Title)*

Course B: _____ _____
(Course #) *(Course Title)*

4. ALLOWABLE EXPENSES

**Rising STARS Tuition Assistance – Facility Supplement must be used for one or more of the following expenses. Please check all that apply.*

❒ Request funding to support substitute coverage for employee release time

❒ Request funding to support paid release time to attend class

❒ Request funding to support paid release time for class-related activities such as studying, homework or project completion, internship, field placement or student teaching.

Programs are required to maintain documentation of expenses associated with the Rising STARS Tuition Assistance – Facility Supplement. Funds received under this program will be subject to random auditing during Keystone STARS on-site grant monitoring by the ELRC.

5. TOTAL FUNDS REQUESTED

*# of courses listed above:		_____
X $400 per eligible course	x	$400.00
*TOTAL FUNDS REQESTED	**$**	_____

6. ATTESTATION

*I attest that all of the information provided in this application is true and correct.

_____ _____
Applicant's Signature Date

_____
Printed Name of Applicant

***All items marked with an asterisk must be completed.**

Facility Supplement application and facility's W9 should be attached to Rising STARS Tuition Assistance application of qualifying Staff Member.