



**PAYMENT REQUEST FORM
CHAMPION FOR YOUNG CHILDREN SCHOLARSHIP PROGRAM**

Contractor Name (Facility): _____

Federal Tax Identification # /Social Security #: _____

Please complete the following table for children that have been awarded a Champion for Young Children Scholarship:

Name of Child Awarded a Scholarship First and Last Name	Number of Attendance Days (attach attendance report)	Payment Amount (Completed by SSR Staff Only)
		\$
Total Number of Children:		Total Due: \$

TO BE COMPLETED BY SMART START ROWAN ONLY:

Signature _____ Date _____ Date received: _____

Reviewer Signature _____ Date _____ Executive Director Reviewed _____