

Preschool Scholarship Claim Form and Request for Payment

Submit this payment request and documentation of the child/children’s attendance by the 10th of the month following the month that services were provided. You are required to maintain attendance documentation for seven years for audit purposes.

**Check Addressed To:**

Mailing Information Attention:

Address

City, State, Zip

Services provided for the month of:

Child’s Name Number of Days Attended $ Amount Requested

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Total Amount Requested $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the services for which I am claiming payment are proper and correct and no part of this claim has been previously submitted or paid by another entity or the family.

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

Submit this form with attendance documentation. Email to [cedarvalleyspromise@gmail.com](mailto:cedarvalleyspromise@gmail.com) or mail by the 10th of the month to: 4231 Cedar Ridge Circle, Hazel Green WI 53811. Questions? Email or call 608-568-3062.