

Big Sandy Area Community Action Program Head Start

230 Court Street • Paintsville, KY 41240
606-789-1600 *phone* • 606-789-5192 *fax*

Parent Career Development Request Form

Date: _____ Primary Phone: _____
 Name: _____ Alternate Phone: _____
 Address: _____ Email: _____

 Last 4 Digits of Social Security #:

Name of Child Currently Enrolled in Head Start: _____
 Head Start Classroom: _____

I am requesting assistance for the following course/training:

Course Number	Course Title	No. of Credit Hours or Type of Credential that will be Earned	Cost

Courses will be held at:

___MSU ___SWVCTC ___EKU ___WKU ___KCTCS Big Sandy ___KCTCS Hazard ___Other_____

Semester: ___Fall ___Spring ___Summer 20_____

I understand that by signing below, I am verifying that other funding sources are not available to cover the cost of the coursework/training listed above:

 Parent Signature _____
Date

 Date Received in Delegate Office: _____ By: _____

Approved By:
 Delegate Director _____

Grantee Quality Control Manager _____

Grantee Director _____

Executive Director _____