T.E.A.C.H. Early Childhood® Michigan

Release Time Claim Form- Owner/Home Based

Recipient Name: _____

Recipient Address: _____

Term/Semester and Year: Fall _____ Winter _____ Spring _____ Summer _____

NOTE: T.E.A.C.H. reimburses for a maximum of 3 hours per week. A T.E.A.C.H. scholarship counselor may adjust your calculations based on term/semester length.

Total number of weeks in this term:	a. _____
Maximum 3 hours per week:	b._____3_____
Total hours available (multiply a. x b.)	c. _____
Total amount being reimbursed (multiply c. by $11)	d. _____

For Office Use Only

Funder:

Reimbursement amount:

Request by:

Check number: