

CAPRI Scholarship Check Request

Voucher #: _____

Date: _____ Date Funds are Required: _____

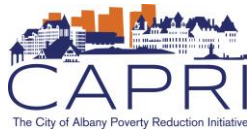
Payable To: _____ College or Vendor ID: _____

Course Name: _____

Address of College or Vendor: _____

Teacher/Trainer Name and Contact Information: _____

Description/Purpose:	
Costs to Be Paid by Scholarship	Amount
	\$
	\$
	\$
	\$
	\$
	\$
Total	\$



Terms of Payment:

- Sponsor must provide receipts and relevant documents of what the scholarship monies were used for.
- Sponsor must give an update on the participant two weeks into the course and maintain weekly contact with participants.
- Sponsor must provide proof of course completion or if not and if not, Why.
 - **If course is not completed, sponsors may be determined ineligible to sponsor future applicants.**
- If participant obtains employment post completion, sponsor must show what job was obtained using knowledge learned from the course.
- Sponsor and participant must cooperate with the University at Albany Center for Human Services Research (CHSR) to collect and analyze data outcomes.
 - Must fill out the data form provided by CHSR
 - Must agree to be interviewed by CHSR at the completion of the course

Print Name of Agency Representative

Signature

Date

Title of Agency Representative

Phone and Email