



**NBCDI**  
National Black Child  
Development Institute



**T.E.A.C.H. Early Childhood® Scholarship Program, Washington, D.C.**

**Pre-Authorization Request**

Semester: (Please circle one.) Spring Summer Fall Year \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Center Name \_\_\_\_\_

Intended Method of Payment: (Please check one.)

- Recipient     Child Care Facility     T.E.A.C.H.     Other Financial Aid  
(i.e. Pell Grant)

Course Prefix	Course Number	Course Name or Title	Course Credit Hours	College Name (Please do not abbreviate.)
EDU Example	101 Example	Introduction to Education Example	3 Example	ABC University Example

Please email your completed pre-authorization request form to:  
T.E.A.C.H. D.C. Early Childhood® Scholarship Program  
teach\_dc@nbcidi.org

**\*\*Please do not return this form to your college.\*\***

**For Office Use Only:**

Date Request Recieved	Approved		Date Charge Sent
	YES	NO	