



NBCDI
National Black Child
Development Institute



T.E.A.C.H. Early Childhood® Scholarship Program, Washington D.C.
Release Time Reimbursement Claim Form (Form C)

Sponsor Information

Center License #
Center Name
Center Address
Center City, State, Zip

For: Recipient Social Security #
Recipient Name

Program/ Option:
Counselor:

Term Covered by this claim Circle one	(You must use a separate claim form sheet for each semester)			
	FALL	SPRING	SUMMER	_____ (year)

Release Time Claimed

	Date	# of Hours Off round to the nearest 1/2 hr.
<i>Sample</i>	1/1/95	2 hrs.
	Total hours claimed	

Director's Signature _____

Teacher's Signature _____

**Please email your completed and signed release time form to:
T.E.A.C.H. D.C. Early Childhood® Scholarship Program
teach_dc@nbcidi.org**