



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	