



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. |
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| | | |
| | | |
| | 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**