



Please return request to Mentor/Coach office

1471 Shoreline Dr., Ste. 202
Boise, ID 83702

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208-345-6569 FAX

QUALITY RATING AND IMPROVEMENT AGREEMENT EXTENSION REQUEST

Date _____

I am requesting an extension of my Quality Rating and Improvement Agreement with my mentor/coach. I would like to extend my scholarship by 3 5 7 10 (please check one) sessions for the following reasons:

1. _____
2. _____
3. _____

I understand that all the provisions of the original agreement shall remain the same. If additional mentor/coaching is desired at the end of this extension, I will file a new scholarship application.

Agree to terms as stated above.

By: _____
(Mentor/Coach)

(Date)

By: _____
(Director)

(Date)