
**IdahoSTARS Academic Scholarship
Family Day Care Home Release Time Claim**

Name: _____ Social Security #: _____

Address: _____

Circle Semester that Claim is For:

Spring Summer Fall Year: _____

Release Time Claimed: 32hrs (Fall/Spring) 16hrs (Summer)

Rate of Reimbursement: \$8.00 hr

Amount of Reimbursement: \$256.00 (Fall/Spring)
\$128.00 (Summer)

For Office Use Only	
Funding	IdahoSTARS ____
Reimbursement:	\$256.00 \$128.00
Requested By:	_____
Check #:	_____

Recipient's Signature

Date

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