

I request an update to my education plan. The reason(s) I am requesting this update is (Please type or handwrite legibly. Explain the reason(s) and details about the update you are requesting):

Signatures

Applicant Signature

I certify that the information in this education plan update is true and accurate to the best of my knowledge. I also certify that I am 18 years of age or older. I am aware that any false information or intended omissions listed above or herein may subject me to civil or criminal penalties for filing false public records, and may result in forfeiture of any scholarship award approved through this program. I further understand that once I submit this education plan update to DWS, I:

- may not change institutions without re-submitting my application in its entirety
- may not add any coursework/books/fees to my educational plan once I submit my application to DWS.
- must report any employment status changes to DWS in a timely manner after occurrence.

Applicant Signature

Date

Printed Name

Child Care Provider Owner/Director Signature

I certify that the information contained in this application is true and accurate to the best of my knowledge. The above applicant is employed for a minimum of 15 hours per week and I approve of their educational plan. The current Wyoming Department of Family Services approved capacity in my program is _____, and my current enrollment count is _____.

Child Care Provider Owner /Director Signature

Date

Printed Name

Advisor Signature

I agree that the above described update is necessary due to the reasons described above by the applicant. The amended coursework outlined in this updated educational plan is required to obtain the specified apprenticeship.

Printed Name and Signature
Telephone:

Date

Academic Release Form (please only submit if new school)

(Please send a copy to WY Quality Counts! as well as to the college you are attending)

I, _____, having the Social Security/Student

Number of _____ authorize

to release or discuss any of my past or present academic progress, grades, attendance, or transcript. I authorize release of any financial information pertaining to my enrollment at the above listed college. I authorize this entire release of information to the WY Quality Counts! program staff at the Wyoming Department of Workforce Services (DWS) and the above listed college only. I understand that DWS and the above listed college value my privacy and will not distribute this information to any other party without my written permission. I authorize the above listed college to communicate with DWS (two-way) regarding all items listed on this form.

Name (Printed)

Date _____

Signature