

**Early Achievers Grant 2020-2021 Work History Verification**

# CHILDCARE FACILITY INFORMATION:

Name

Address City State Zip Code

This Early Learning Facility is actively participating in the Early Achievers program ☐ Yes ☐ No

# STUDENT INFORMATION:

Student ID (SID) Last Name Work history (does not include volunteer hours)

First Name

Hours worked: ☐Weekly hours Or:

* Monthly hours Hiring Date:

***I certify information contained on this form is accurate.***

# Child care program director’s signature Date

**Return to:** Stacey Quarles, Workforce Funding and Support Programs Grays Harbor College

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