



WASHINGTON
EARLY ACHIEVERS
PREPARING CHILDREN FOR SUCCESS IN SCHOOL

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 _____ First Name _____

Work history (does not include volunteer hours)

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
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