



# Spokane County Head Start/ECEAP/EHS TRAINING REQUEST—PARENT

## HOW TO REQUEST TRAINING FUNDS

1. Complete this application with as many details as possible. The parent training fund only covers the workshop fee and does not cover travel or child care expenses.
2. Attach the completed registration form and/or the brochure or flyer describing the training to this application.
3. Ask your center manager for his/her signature of approval. The guidelines a center manager uses to approve a request are listed on the back of this application.
4. If approved, your center manager will send your request to the HS/ECEAP/EHS Administrative Office for processing.

## APPLICATION INFORMATION *(please complete the following information)*

Date \_\_\_\_\_ Daytime phone or message number \_\_\_\_\_

Name \_\_\_\_\_ Social Security number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

What center does your child attend? \_\_\_\_\_

Name of workshop or training session \_\_\_\_\_  
(must attach copy of brochure or flyer)

Location \_\_\_\_\_ Date(s) and Time(s) \_\_\_\_\_

Cost \_\_\_\_\_ Reservation deadline/cut off \_\_\_\_\_

1. Please tell us how this training will benefit you, your family, or the Head Start/ECEAP/EHS program.

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2. How will you share what you learned from the training with other parents? Please be specific.

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***(When complete, give this application to your center manager for approval)***

**GUIDELINES FOR APPROVING TRAINING REQUESTS**

1. A request for training funds must be received early enough to process it before the training. (The CCS system often requires a 4-6 week advance notice.)
2. The application must be complete and clearly show why the parent wants to attend the training and how the parent will share the information received with other parents.
3. Whenever possible, a preference will be given to approve the following kinds of trainings:
  - Local
  - Inexpensive \$10-\$50
  - Training which assists parents to become employed.
  - Training which helps parents who are currently volunteering for Head Start or Early Head Start to become more effective volunteers.
  - Training for parents who have not attended other trainings or who have attended very few trainings.

**To be completed by the center manager**

**Approved**      **Budget/PIN No.** \_\_\_\_\_

**Not Approved**      **Reason:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Center manager's signature \_\_\_\_\_

A written description of the reason for all out-of-state travel and any in-state travel involving two (2) or more nights lodging must be attached to the prior approval. Explain the purpose of the trip and how the travel will benefit the college, department, etc. This should be one or two paragraphs and will be used by the authorizing administrator in the approval process. (***This must be completed when applicable. Failure to do so will result in the request being denied.***)

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**ADDITIONAL COMMENTS**

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