



COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

Dear Scholarship Recipient,

You have been awarded a scholarship for one or two courses at a four-year institution. In order to process payment or reimbursement for the scholarship(s) awarded, the appropriate documents, which are included in this packet, must be completed. There are two different sets of documents. The first set is to be used if you have paid for the course and are requesting reimbursement. The other set is to be used by your college/university if they will be requesting reimbursement directly. The *appropriate set of completed forms* should be returned to the addressee listed below:

VCCPSP
Division of Child Care and Early Childhood Development
Virginia Department of Social Services
801 East Main Street, 8th Floor
Richmond, VA 23219-2901

If you have any questions, the scholarship program staff may be reached at 866-636-1608, or via email at: childcare.scholarship@dss.virginia.gov.

Sincerely,

Virginia Child Care Provider Scholarship Program
Scholarship Program Staff

VIRGINIA CHILD CARE PROVIDER SCHOLARSHIP PROGRAM

OPTION 1

REQUEST FOR REIMBURSEMENT

PART 1: VERIFICATION BY INSTITUTION

INSTRUCTIONS: Option 1 materials need to be completed when the student has paid the tuition and is requesting reimbursement from the scholarship program. Part 1 is to be completed by the institution and returned to the student.

I _____, verify that _____
Institutional Officer Name Student Name

_____, has paid tuition for:
Student's Social Security Number

_____ in the amount of \$_____, and if applicable
Course # 1 Title and Number

_____ in the amount of \$_____, and has remained enrolled
Course # 2 Title and Number

in the above course(s) through the end of the institution's published add / drop period . Please

indicate the student's tuition rate category: in-state contract out-of state

Signature of Institutional Officer: _____

Date: _____ Title of Signer _____

(Please copy this form onto institution letterhead or affix institutional seal here)

PART 2: INVOICE

NOTE: The scholarship only pays for the tuition and technology fee.

INSTRUCTIONS: Part 2 is to be completed by the student. A copy of the receipt indicating payment for the courses listed below must be attached.

STUDENT INFORMATION:

Student Name: _____ SSN: _____

Address: _____

Telephone: _____

COURSE INFORMATION:

A. Course 1: _____
Title and Number Semester

Requested Reimbursement Amount: \$ _____

B. Course 2: _____
Title and Number Semester

Requested Reimbursement Amount \$ _____

Total Requested Amount \$ _____ (tuition and technology fee).

NOTE: There may be a difference in the requested amount and the actual amount paid. The actual payment amount is based on the amount remaining in the student’s “account”, but will not exceed the maximum lifetime award amount. That amount is the equivalent of eight community college courses at the in-state rate. Currently, that amount is \$2,689.

By my signature, I am requesting reimbursement in the amount indicated above for the aforementioned courses. I have enclosed all three parts and have attached a copy of my payment receipt.

Signature _____

*An invoice must be complete for each semester in order to receive reimbursement. Please submit only one invoice per semester.

For office use only:

Date received _____ Cost code _____ Reimbursement Amount \$ _____

Finance: Please reimburse the student for the amount indicated below.

DSS Approval Signature _____

PART 3: W-9 – FORM

INSTRUCTIONS: Complete all relevant parts of the Request for Taxpayer Identification Number(s) and Certificate. This form must be completed in order for a check to be issued.

If you have completed a W-9 form since July 1, 2007 and there have been no changes to the requested information, it is not necessary for you to complete another form. If that is the case, please indicate below that you completed this form and for which semester.

I submitted a completed W-9 form on _____ (date) for the
_____ semester

Signature: _____

W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER(S) AND CERTIFICATE

Each person or organization doing business with the Commonwealth of Virginia must provide the following information. Please return this form in the enclosed envelope.

ORGANIZATION ENTITY: Original Submission
 Please provide reportable name where applicable Additional Addresses (See Back of Form)
 Address correction

Check Only One:
 Individual Sole Proprietor Corporation
 Partnership Government Trust
 Estate Other (Please Describe) _____

Social Security Number _____ Employer Identification Number _____
 and/or _____

ENTER THE FOLLOWING:

Legal Name _____
 (Must match the Social Security Number, if applicable)

Trade Name _____
 (Must match the Employer Identification Number, if applicable)

Payment Address _____ IRS 1099 Form _____
 _____ Mailing Address _____

Dun's # _____ Dun's # _____
 Contact Person _____ Telephone Number (_____) _____

Please respond to the following: (See back of the form for definitions.)

| | | |
|-------------------------------------|-----------|----------|
| Are you a United States Citizen? | Yes _____ | No _____ |
| Is your organization tax exempt? | Yes _____ | No _____ |
| Are you a Real Estate Agent? | Yes _____ | No _____ |
| Are you a Minority owned business? | Yes _____ | No _____ |
| Are you a Woman owned business? | Yes _____ | No _____ |
| Are you a Small business? | Yes _____ | No _____ |
| Are you a Faith Based Organization? | Yes _____ | No _____ |

If you are a Minority owned business, please indicate the type of Minority.

African American Hispanic American Native American
 Asian-Pacific American Subcontinent-Asian American Other Minority

Are you registered with the Dept. of Minority Business Enterprise? If yes, enter your certificate No. _____.

Government Agencies, please respond to the following:

Are you Federal _____, State _____ or Local _____? (Please check one.)

If you are considered Local, what is your FIPS code? _____

Certification: Under penalties of perjury, I certify that:

- (1) The number (s) shown on this form is my correct taxpayer identification number (s) (or I am waiting for a number to be issued to me).
- (2) The organization entity and all other information provided is accurate.
- (3) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding because of a failure to report all interest or dividends or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
- (4) I am a U.S. person (including a U.S. resident alien).
 (You must cross out item (3) above if you been notified by the IRS that you are currently subject to backup withholding because of under-reporting interest or dividends on your tax return.)

Signature _____ Date _____

VIRGINIA CHILD CARE PROVIDER SCHOLARSHIP PROGRAM

OPTION 2

REQUEST FOR PAYMENT

PART 1: VERIFICATION BY INSTITUTION

INSTRUCTIONS: Option 2 materials need to be completed when the college / university is submitting a bill to the scholarship program. All three parts are to be completed by the institution and returned to the scholarship program.

I, _____, verify that _____,
Institutional Officer Name Student Name

_____, has incurred tuition for
Student's Social Security Number

_____ in the amount of \$_____, and if applicable
Course # 1 Title and Number

_____ in the amount of \$_____, and has remained
Course # 2 Title and Number

enrolled in the above course(s) through the end of the institution's published add/drop period. Please

indicate the student's tuition rate category:

- in-state,
- contract
- out-of state

Signature of Institutional Officer: _____

Date: _____ Title of Signer: _____

(Please copy this form onto institution letterhead of affix institutional seal here)

PART 2: INVOICE

NOTE: The scholarship only pays for the tuition and technology fee.

INSTRUCTIONS: Part 2 is to be completed by the institution. An invoice must be completed for each semester in order to receive payment. Please submit only one invoice per semester for each student. Public institutions may request that funds be transferred through an Interagency Transfer (IAT).

VENDOR INFORMATION:

NAME OF INSTITUTION: _____

ADDRESS: _____

CONTACT NAME AND TELEPHONE: _____

FIN: _____

STUDENT INFORMATION:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

SOCIAL SECURITY NUMBER: _____

COURSE INFORMATION:

A. COURSE 1: TITLE AND NUMBER _____

SEMESTER: _____

REQUESTED PAYMENT AMOUNT: \$ _____ **(tuition and technology fee)**

B. COURSE 2: TITLE AND NUMBER _____

SEMESTER: _____

REQUESTED PAYMENT AMOUNT: \$ _____ **(tuition and technology fee)**

TOTAL REQUESTED PAYMENT AMOUNT: \$ _____

NOTE: There may be a difference in the requested amount and the actual amount paid. The actual payment amount is based on the amount remaining in the student's "account", but will not exceed the maximum lifetime award amount. That amount is the equivalent of eight community college courses at the in-state rate. Currently, that amount is \$2,689.

Signature of Institutional Officer: _____

VCCPSP office use only:

Date received _____ **Cost Code** _____

Finance: Please issue payment to the institution for the amount indicated below.

ACTUAL PAYMENT AMOUNT: \$ _____

VDSS Approval Signature: _____

PART 3: W-9 FORM

INSTRUCTIONS: Complete all relevant parts of the “request for taxpayer Identification Number(s) and Certificate”. This form must be completed in order for a check to be issued.

W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER(S) AND CERTIFICATE

Each person or organization doing business with the Commonwealth of Virginia must provide the following information. Please return this form in the enclosed envelope.

ORGANIZATION ENTITY: Original Submission
 Please provide reportable name where applicable Additional Addresses (See Back of Form)
 Address correction

Check Only One:
 Individual Sole Proprietor Corporation
 Partnership Government Trust
 Estate Other (Please Describe) _____

Social Security Number _____ Employer Identification Number _____
 _____ and/or _____

ENTER THE FOLLOWING:
 Legal Name _____
 (Must match the Social Security Number, if applicable)

Trade Name _____
 (Must match the Employer Identification Number, if applicable)

Payment Address _____ IRS 1099 Form _____
 _____ Mailing Address _____

Dun's # _____ Dun's # _____

Contact Person _____ Telephone Number (_____) _____

Please respond to the following: (See back of the form for definitions.)

| | | |
|-------------------------------------|-----------|----------|
| Are you a United States Citizen? | Yes _____ | No _____ |
| Is your organization tax exempt? | Yes _____ | No _____ |
| Are you a Real Estate Agent? | Yes _____ | No _____ |
| Are you a Minority owned business? | Yes _____ | No _____ |
| Are you a Woman owned business? | Yes _____ | No _____ |
| Are you a Small business? | Yes _____ | No _____ |
| Are you a Faith Based Organization? | Yes _____ | No _____ |

If you are a Minority owned business, please indicate the type of Minority.

_____ African American _____ Hispanic American _____ Native American
 _____ Asian-Pacific American _____ Subcontinent-Asian American _____ Other Minority

Are you registered with the Dept. of Minority Business Enterprise? If yes, enter your certificate No. _____.

Government Agencies, please respond to the following:
 Are you Federal _____, State _____ or Local _____? (Please check one.)
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Certification: Under penalties of perjury, I certify that:

- (1) The number (s) shown on this form is my correct taxpayer identification number (s) (or I am waiting for a number to be issued to me).
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- (4) I am a U.S. person (including a U.S. resident alien).
 (You must cross out item (3) above if you been notified by the IRS that you are currently subject to backup withholding because of under-reporting interest or dividends on your tax return.)

Signature _____ Date _____