



IMCOM Europe CYS Scholarship Application

Due to Region CYS Office Ruth Ploeger and Alexa Simmons not later than 05 Sept 2018



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|---|--|-------------------|----------------|
| CDEC 1172 Mentoring Early Childhood Educators | | Term Dates: | 15-28 Oct 2018 |
| Name: | | Installation: | |
| PCS Date: Date or N/A | | DOH: | |
| Facility: | | Program Director: | |
| Position: | | Position Grade: | |
| Email: | | | |
| Employee's Standard NAFI Number: | | | |
| <p>I have read, understand, and agree to the terms outlined in the IMCOM Europe Child & Youth Services (CYS) Employee Scholarships for Undergraduate College Courses SOP.</p> <p>SOP available on MWR scholarship website. Europe.armymwr.com/scholarshipcyss</p> <p>I understand if I terminate course enrollment on or after class start date or receive a grade lower than a "C" that I am indebted to CYS for the cost of the scholarship and I am responsible to repay CYS all scholarship costs. Cost may be prorated depending upon drop date.</p> | | | |
| Employee Signature | | Date | |
| I certify this employee is current on CYS training. | | | |
| Training Specialist Signature | | Date | |
| I certify this employee has demonstrated satisfactory performance and is not under disciplinary action at this time. | | | |
| Program Director Signature | | Date | |
| <p>Garrison CYS Coordinator:</p> <p>If candidate is not direct care staff, please include a justification why they should be considered for the Scholarship Program.</p> | | | |
| I approve of this candidate participating in the CYS Employee Scholarship Program | | | |
| Garrison CYS Coordinator Signature | | Date | |
| I approve of this candidate participating in the CYS Employee Scholarship Program. | | | |
| IMCOM Europe CYS Approving Official Signature | | Date | |