





Due to Region (ΣΥδ Oπice Ruth Ploeger a	na Alexa Simmo	ns not later than 2	4 JULY 2018 CHILDS/YOUTH SERVICES
Course: CDEC	1359 Children with Spec	ial Needs	Term Dates:	10 Sept-04 Nov 2018
Name:			Installation:	
PCS Date: Date or N/A			DOH:	
Facility:			Program Director:	
Position:			Position Grade:	
Email:				
Employee's Standard NAFI Number:				
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.				
SOP available on MWR scholarship website. <u>Europe.armymwr.com/scholarshipcyss</u>				
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.				
Employee Signature				Date
I certify this employee is current on CYS training.				
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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
Garrison CYS Coordinator: If candidate is not direct care staff, please include a justification why they should be considered for the Scholarship Program.				
in candidate is not direct care stant, please include a justification why they should be considered for the octional ship i rogram.				
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