



# Rising STARS Tuition Assistance Program

## EMPLOYER ATTESTATIONS –

Program Director or Owner must **initial** lines next to the **3** applicable attestations.

Items must be **initialed** for an application to be considered complete.

\_\_\_\_\_ (a) I attest that the applicant, \_\_\_\_\_, has been employed  
(Applicant's First and Last Name)

by \_\_\_\_\_ since \_\_\_\_/\_\_\_\_.  
(Legal Entity name) (mm/yy)

If less than 12 months at the above legal entity, please indicate prior employer information.

Prior Employer \_\_\_\_\_ State date \_\_\_\_/\_\_\_\_  
(Legal Entity name) (mm/yy)

Prior Director Name \_\_\_\_\_ End Date \_\_\_\_/\_\_\_\_  
(mm/yy)

Prior Director Signature \_\_\_\_\_

**AND**

\_\_\_\_\_ (b) I attest that the applicant works at least 20 hours per week at the above-named early learning program.

**AND**

\_\_\_\_\_ (c) I attest the applicant's annual salary is less than \$40,000.00 (Assistant Teachers, Aides, Teachers, & Assistant Directors)

**OR**

\_\_\_\_\_ (d) I attest that the applicant's annual salary is less than \$50,000.00 (Child Care Center Directors; Family or Group Child Care Home Owner/Operators; Head Start Education Managers, Coordinators, Site Supervisors).

\_\_\_\_\_  
Director/Owner Signature Date

\_\_\_\_\_  
Printed Name of Director/Owner Title

Please upload the completed form to your online application or  
Fax: 717-213-0585/717-213-0584 or  
Email: [pakeyvoucherprogram@pakeys.org](mailto:pakeyvoucherprogram@pakeys.org) or  
Mail: PA Keys to Professional Development c/o RSTAP, 200 N Third St, 3<sup>rd</sup> Floor,  
Harrisburg, PA 17101

\*Form is valid for 6 months from date of signature