



# 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).

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

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

Please upload the completed form to your online application or  
Fax: 717-213-0585 or Email: [pakeyvoucherprogram@pakeys.org](mailto:pakeyvoucherprogram@pakeys.org)

The Office of Child Development and Early Learning is invested in ensuring limited resources are distributed in an equitable manner. In order for us to better serve individual community needs, please provide the following information.

Total facility enrollment \_\_\_\_\_ # of CCW Enrollments \_\_\_\_\_

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