



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 \$45,000.00 (Assistant Teachers, Aides, & Teachers)

OR

_____ (d) I attest that the applicant's annual salary is less than \$52,000.00 (Child Care Center Directors, Assistant 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

The Office of Child Development and Early Learning is invested in ensuring limited resources are distributed in an equitable manner. 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