

# Race-to-the-Top Education Reimbursement Application

January 2017 to April 2017

The Race to the Top Education Reimbursement initiative is being offered to assist ECE professionals to overcome barriers that are preventing college enrollment, to advance or complete a Gateways Credential, and support those pursuing an ESL or Bilingual endorsement.

For questions and additional information about this opportunity please visit us at [www.ilgateways.com](http://www.ilgateways.com). **Please read and complete each page of the application for consideration, incomplete applications will not be reviewed.** Applications will be accepted beginning January 2017 through April 20, 2017. Please complete in blue or black ink.

Name: \_\_\_\_\_

SSN or ITIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Hourly Pay / Salary: \$ \_\_\_\_\_ per hour / per year (circle one)

Hours worked per week: \_\_\_\_\_ Weeks worked per year: \_\_\_\_\_

Position: \_\_\_\_\_

Are you currently attending an Illinois community college or university?  Yes  No

If yes, which one? \_\_\_\_\_

What is or was your major?

Child Development  Early Childhood Education  Other (specify major) \_\_\_\_\_

What is your anticipated graduation date? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What is/was your primary reason for requesting reimbursement?

- |  |   |
|--|---|
| <input type="radio"/> Associates Degree Completion         | <input type="radio"/> Gateways Infant Toddler Credential Completion   |
| <input type="radio"/> Bachelors Degree Completion          | <input type="radio"/> Pursue Professional Educator Licensure Early Childhood (Former Type 04 Certification) |
| <input type="radio"/> Masters Degree Completion            | <input type="radio"/> Pursue English as a Second Language (ESL) or Bilingual Endorsement                    |
| <input type="radio"/> Advance my Gateways Credential level |   |

**Limited time only, dependent on funding.**

**ADDITIONAL PROGRAM INFORMATION (TO BE COMPLETED BY PROGRAM DIRECTOR, ADMINISTRATOR OR OWNER)**

Director/Administrator/Owner Name: \_\_\_\_\_

Current Enrollment: \_\_\_\_\_ # IDHS CCAP children currently in care (if applicable): \_\_\_\_\_

**Program is:** *(check all that apply)*

- Full Day *(8 or more consecutive hours serving children)*
- Full Year *(program must serve children at least 47 weeks)*
- School-Age Program *(operates a minimum of 9 months, 38 weeks)*
- ISBE Funded Preschool For All *(operates one full school year)*
- Head START
- Early Head START

Hours of Operation: \_\_\_\_:\_\_\_\_ am/pm      \_\_\_\_:\_\_\_\_ am/pm

**Type of Program Funding:**  Profit  Non-Profit *(check all that apply below)*

- Chicago Department of Family Support Services (DFSS)
- Chicago Public School
- Community College
- Corporate Sponsored
- Government Sponsored
- Head START
- Early Head START
- Hospital Sponsored
- IDCFS Voucher/Certificate
- IDHS Site Contract
- IDHS Voucher/Certificate
- ISBE Funded Preschool For All
- Religious Affiliation/Faith Based
- Tuition Based *(parent fees)*

**EMPLOYER SIGNATURE**

I verify that the above program and employment information is accurate. I also certify that I will not manipulate wages or job titles in order for an employee to qualify. I understand that additional information may be asked of me.

**Print Name:** \_\_\_\_\_

**Employer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Limited time only, dependent on funding.**

## APPLICANT SIGNATURE

I verify that I have read this page and completed the entire application. I further verify that all information provided is true and accurate. By signing below I understand that INCCRRA will use my signature as authorization to verify any information and documents I have submitted. I understand that my name and application information may be used for research/evaluation purposes. I understand that any false or misleading statements or subsequent documentation may constitute ground for denial.

I understand that by participating in this program I may not receive a reimbursement, as reimbursements are dependant on funds available.

I understand that I must remain an active Registry Member and update employment information as needed to indicate any changes as a result of participation in this initiative (e.g. wage increase).

I understand that by participating in this program I am making a work commitment to the field of early care and education or school-age care upon completion of coursework, a degree, certificate, or Credential. (I further understand that failure to complete my work commitment will result in reimbursing INCCRRA for the cost of my last contract.)

I authorize the higher education institution I indicated on page 1 and as proven in my supporting documents to disclose to INCCRRA grade reports for terms completed and/or official transcripts upon graduation, completion of a certificate, approval, or endorsement.

Print Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***This document serves as the contract for participation in the Race-to-the-Top Education Reimbursement Initiative offer.***

For questions and additional information visit us at [www.ilgateways.com](http://www.ilgateways.com).

***Mail completed application and required documentation to: INCCRRA/Applications • 1226 Towanda Plaza • Bloomington, IL 61701***

## Survey Questions

- Are you currently participating in a structured cohort sponsored by an institution or local collaboration?  Yes  No

***If you receive this reimbursement, will you:***

- Be able to (re)enroll in ECE/CD coursework?  Yes  No
  - At a community college?  Yes  No
  - At a university?  Yes  No
- Be able to advance your Gateways Credential?  Yes  No
- Be able to move up on the Great START Wage Supplement Scale?  Yes  No
- Be able to receive your official transcript?  Yes  No

***Limited time only, dependent on funding.***

## Race-to-the-Top Education Reimbursement Initiative Checklist & Required Documentation

Please use the checklist provided to ensure that you have submitted all of the necessary documents needed to successfully complete your application. **Any missing documentation will cause the application to not be reviewed, and returned.** Upon review of your application additional documentation may be required. Completed applicants must be received between January 2017 to April 20, 2017, to be considered. Eligible applicants will receive payment, depending on availability of funds, as early as June 2017.

### Required Documentation

Enclosed      On File at INCCRRA

#### All Applicants

- |                       |                       |   |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | Completed and Signed Gateways Registry Membership Form  |
| <input type="radio"/> |                       | If on file, submit Information Update Form  |
| <input type="radio"/> |                       | Completed and Signed RTT Education Reimbursement Initiative Application   |
| <input type="radio"/> | <input type="radio"/> | Copy of receipt(s) of payment(s) made to an Illinois college/university   |
| <input type="radio"/> |                       | Copy of invoice from an Illinois college/university for a current outstanding balance <b>OR</b> copy of your receipt for payment paid to an Illinois college/university for your coursework taken |

– AND –

#### Center Based Staff Applicants

- |                       |                       |   |
|-----------------------|-----------------------|---|
| <input type="radio"/> |                       | Income Verification ( <i>4 weeks of most recent pay stubs</i> ) |
| <input type="radio"/> | <input type="radio"/> | Signed W-9 ( <i>IRS Form</i> )                                  |

– OR –

#### Family/Group Child Care Home Applicants

- |                       |                       |   |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | Signed W-9 ( <i>IRS Form</i> )  |
| <input type="radio"/> |                       | Verification of children currently being served ( <i>proof of care form, copy of checks paid to provider for child care services, or completed IDHS child care assistance billing certificates/program verification</i> ) |

– OR –

#### Full Time ECE Student Applicants

- |                       |                       |   |
|-----------------------|-----------------------|---|
| <input type="radio"/> |                       | Proof of completion of 3 credits in ECE/CD coursework ( <i>Grade report</i> ) |
| <input type="radio"/> | <input type="radio"/> | Signed W-9 ( <i>IRS Form</i> )  |

For questions and additional information about the Race-to-the-Top Education Reimbursement Initiative please call 866.697.8278 or visit us at [www.ilgateways.com](http://www.ilgateways.com).

**Mail completed application and required documentation to: INCCRRA/Applications • 1226 Towanda Plaza • Bloomington, IL 61701**

**In order to process this application, all sections must be completed, and required documentation must be included.**

**Limited time only, dependent on funding.**

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	<b>INCCRRA</b> 1226 Towanda Ave Bloomington, IL 61701
	7 List account number(s) here (optional)	

<b>Part I Taxpayer Identification Number (TIN)</b>																																																					
<p>Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.</p> <p><b>Note.</b> If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center; padding: 2px;"><b>Social security number</b></td> </tr> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> <tr> <td colspan="10" style="text-align: center; padding: 2px;"><b>OR</b></td> </tr> <tr> <td colspan="10" style="text-align: center; padding: 2px;"><b>Employer identification number</b></td> </tr> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>	<b>Social security number</b>																					<b>OR</b>										<b>Employer identification number</b>																				
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<b>Part II Certification</b>	
Under penalties of perjury, I certify that:	
<ol style="list-style-type: none"> <li>1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and</li> <li>2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and</li> <li>3. I am a U.S. citizen or other U.S. person (defined below); and</li> <li>4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol>	
<p><b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.</p>	

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*
- By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  2. Certify that you are not subject to backup withholding, or
  3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
  4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

# Gateways to Opportunity® Registry

## Membership Form Instructions

For questions please call 1.866.697.8278 or visit us at [www.ilgateways.com](http://www.ilgateways.com).

Before you begin, please read these important notes and instructions about the Gateways Registry Membership Form. A Gateways Registry Membership, will track your education, credentials, and trainings in the Registry database. You can access this information at any time by viewing your Professional Development Record (PDR) online through a secure section of the Gateways website.

If you are applying for the Gateways Registry only, you can apply online at [www.ilgateways.com](http://www.ilgateways.com) and membership is immediate. If you apply for the Gateways Registry using this paper application, please anticipate a 30 day processing time.

The Gateways Registry Membership is your first step to access all programs and services offered through Gateways. The Gateways Registry Membership Form must be completed by any person who chooses to apply for any INCCRRA administered, Illinois Department of Human Services funded, professional development program. For questions please call 1.866.697.8278 or visit [www.ilgateways.com](http://www.ilgateways.com)

### SECTION 1 – CONTACT / PERSONAL INFORMATION

**Please complete all required information in this section.** The choice you make under “Please contact me at my,” is where we will send all program communications, certificates, checks, etc.

### SECTION 2 – IDENTIFICATION VERIFICATION QUESTIONS

You will be assigned a unique Person ID that is used in our tracking systems and on all communications from INCCRRA. We use that Person ID to ensure that we are entering the correct information into the correct person’s record.

**Please complete these questions as they will be used to verify and protect your identity should you ever lose your Person ID.**

### SECTION 3 – CURRENT EMPLOYMENT

**Complete this section only if you are currently in part-time or full-time paid employment in the fields of Early Care and Education, School-Age, Youth Development, or Early Childhood Family Support.**

When asked on page 2 for the Position Code, please refer to the box below and write in the **one number** of the position code that best reflects your current job.

#### Position Codes *(to be used in Section 3)*

##### Direct Services to Children

- |   |   |
|---|---|
| 1. Director and/or Administrator (one-site) | 10. Group Family Child Care Provider      |
| 2. Assistant Director                       | 11. Group Family Child Care Assistant     |
| 3. Director/Teacher                         | 12. School-Age Child Care Teacher         |
| 4. Teacher                                  | 13. School-Age Child Care Assistant       |
| 5. Assistant Teacher                        | 14. Youth Development Practitioner        |
| 6. Teacher Aide (Preschool for All)         | 15. Other Direct Service                  |
| 7. Substitute/Floater                       | 23. Home Visitor                          |
| 8. Family Child Care Provider               | 24. Home Visitor Supervisor               |
| 9. Family Child Care Assistant              | 25. Family, Friend, or Neighbor Caregiver |

##### Indirect Services

- |   |                                      |
|---|--------------------------------------|
| 16. Director/Administrator (multi-site) | 20. Education/Curriculum Coordinator |
| 17. CCR&R Staff                         | 21. Consultant                       |
| 18. Higher Education Faculty/Staff      | 22. Other Indirect Services          |
| 19. Trainer                             |                                      |

## SECTION 4 – EDUCATION, CREDENTIALS AND CERTIFICATIONS

Please enter the requested information about any educational degrees you have completed, as well as current and valid professional credentials or certifications you have been awarded.

## SECTION 5 – GATEWAYS TO OPPORTUNITY PROGRAMS

### Do you want the Gateways Registry to perform a Basic Transcript Review?

A Basic Transcript Review categorizes the college coursework you have taken and will appear on your Professional Development Record as the total number of credit hours you have completed as well as the number of credit hours in ECE/CD, ECE Related, School-Age and Youth Development, and Business/Administration you have completed. **If you check yes, please include your official college transcript(s) in a sealed envelope from the college or university or request official electronic transcript(s) to be sent from your college or university to [transcripts@inccrra.org](mailto:transcripts@inccrra.org).**

If you are applying for any additional programs the Registry Membership Form must be completed and submitted with a Program Supplement Application for the specific program for which you are applying. **This question allows you to note which program(s) you are applying for and to ensure you submit the correct applications. If the correct program application is not completed it will delay the processing of your application.**

Additional applications are not needed for Registry Membership only.

# Gateways to Opportunity® Registry Membership Form

A Gateways Registry Membership will track your education, credentials, and training. You can access this information at any time by viewing your Professional Development Record (PDR) through the Gateways website. Gateways Registry Membership is also the first step to access all programs/services offered through Gateways. This Membership Form must be completed by any person who chooses to apply for any INCCRRA-administered, Illinois Department of Human Services funded, professional development program. For questions, please call 1.866.697.8278 or visit [www.ilgateways.com](http://www.ilgateways.com).

## SECTION 1 - CONTACT / PERSONAL INFORMATION

First Name:  Middle Initial:  Last Name:

Previous Last Name:

Gender: (optional)  Female  Male

Race/Ethnicity: (optional)  African American/Black  Hispanic/Latino  
 Caucasian/White  Pacific Islander

Primary Language:

Native American/Alaskan  Multi-Racial

Secondary Language:

Asian  Other

Home Address:

City:  State:  Zip:  County:

Home Phone:  Email Address:

Cell Phone:  Please contact me at my:  Home Address/Phone (above)  Work Address/Phone (Section 3)

## SECTION 2 - IDENTIFICATION VERIFICATION QUESTIONS

You will be assigned a unique Registry Member ID that will be used on all communications from Gateways. Should you lose your ID, please answer the following questions to help us verify and protect your identification and provide you with your ID.

Date of Birth:  Mother's Maiden Name:

City and State Where You Were Born:

## SECTION 3 - CURRENT EMPLOYMENT

Please complete this section only if you are currently in part-time or full-time paid employment in the fields of Early Care and Education, School-Age, Youth Development, or Early Childhood Family Support. If this does not apply to you, skip this section and continue to Section 4.

I am choosing to skip this section because I am currently not working full-time or part-time in the fields stated above.

Employer Business Name:

Work Site Name:

Work Address:

City:  State:  Zip:  County:

Work Phone:  Work Fax:

**Type of Program:** *(check only one)*

- Child Care Center                       Family Child Care Home                       Group Family Child Care Home  
 Head Start                                       School-Age/Youth Development Program     Public or Private School  
 Child Care Resource & Referral (CCR&R)     Other

**This program is:** *(check only one)*

- Licensed by IDCFS License Number:      License-Exempt     Not Applicable

**Date Employment Began:** *(with this employer)*     **Current Position Start Date:**

**Current Position Title:**

**Position Code:**     **Hours Worked per Week:**     **Weeks Worked per Year:**   
*(see instructions)*

**Hourly Wage:**  - OR - **Annual Salary:**

**Ages of Children You Currently Work With:** *(Family Child Care check all that apply, others check only one)*

- Infant (6 wks – 14 months)     Toddler (15-23 months)     Twos (24-35 months)     Preschool (3-5 years)  
 School-Age (K-12 years)     Youth (13-21 years)     Not Applicable

**SECTION 4 - EDUCATION, CREDENTIALS AND CERTIFICATIONS**

**Educational Degrees Completed**

Type of Degree	Name and Location of Awarding Institution	Major	Month/Year Awarded
High School or GED		Not Applicable	
Associate's Degree			
Bachelor's Degree			
Master's Degree			

**Current Valid Professional Credentials and Certifications** *(check all that apply)*

*Please note that all Gateways to Opportunity Credentials are already on file and do not need to be reported here.*

- Child Development Associate (CDA)    **Date Awarded:**     **Expiration Date:**   
 Certified Child Care Professional (CCP)    **Date Awarded:**     **Expiration Date:**   
 Illinois Type 04 Certification    **Date Awarded:**     **Expiration Date:**   
 Montessori Credential    **Date Awarded:**     **Expiration Date:**

## SECTION 5 - GATEWAYS TO OPPORTUNITY PROGRAMS

### Do you want the Gateways Registry to perform a Basic Transcript Review?

A Basic Transcript Review categorizes the college coursework you have taken and will appear on your PDR as the total number of credit hours you have completed, as well as the number of credit hours in ECE/CD, ECE Related, School-Age and Youth Development, and Business/Administration you have completed.

If you would like Gateways to perform a free Basic Transcript Review please send official college transcript[s] in a sealed envelope from the college or university, or request official electronic transcripts to be sent from your college or university to transcripts@inccrra.org. Once we receive your transcripts your Basic Transcript Review will be completed and updated on your PDR.

**If you are applying for any additional Gateways programs, the matching supplement application (indicated in parentheses) must also be included with the Gateways Registry Membership Form.**

- Gateways to Opportunity Credential (ECE Level 1, ECE, Infant Toddler and Illinois Director Credentials)
  - Direct Route (Direct Route Credentials Supplement Application)
  - Entitled Route (Entitled Route Credentials Supplement Application)
- Illinois Trainers Network (Illinois Trainers Network Supplement Application)
- Registry Trainer Approval (Registry Trainer Approval Supplement Application)
- Gateways Scholarship Program (Scholarship Program Supplement Application)
- Great START (Great START Supplement Application)
- Gateways Professional Development Advisor Program (no supplement application needed)

**How did you first learn about the Registry? (check only one)**

- Center Director
- Mailing
- Provider Association
- Other
- Local Child Care Resource & Referral
- Co-Worker
- Website/Social Networking
- Conference/Presentation
- Professional Development Advisor
- DCFS

## SECTION 6 - SIGNATURE

I verify that all information provided is true and accurate. I understand that INCCRRA or the Illinois Department of Human Services may use my information for research/evaluation purposes. For more information, please view the Privacy Policy at [www.ilgateways.com](http://www.ilgateways.com). I understand that periodically a **limited** amount of my Registry record information may be released to IDCFS, IDHS, OECD and/or my program administrator in order to verify compliance with State requirements and/or ExceleRate Illinois standards. This information would be related to my Registry membership being current; number of training hours completed; and/or status or completion of certain training, formal education or credentials as required by the State and/or ExceleRate.

**Print Name:**

**Applicant Signature:**  **Date:**

Check here if you do not wish for your name to be released for recognition of your participation in Gateways programs.

If applicant is under the age of 18, a parent or legal guardian signature is required below.

**Print Name:**

**Guardian Signature:**  **Date:**

Please use the checklist provided to ensure that you have submitted all of the necessary documents needed to successfully complete this membership form.

**Mail completed application to: INCCRRA/Applications · 1226 Towanda Plaza · Bloomington, IL 61701**



## Gateways to Opportunity Registry Membership Form Checklist

Enclosed    On File at INCCRRA

- Gateways to Opportunity Registry Membership Form

**Please include the following if you wish for them to be verified on your Registry PDR:**

- Official transcript(s)\* of college degree(s) completed (*as reported on the application*)
- Copies of valid credentials (*as reported on the application*)
- Copies of valid certifications (*as reported on the application*)

*\* Please include official college transcript[s] in a sealed envelope from the college or university, or request official electronic transcripts to be sent from your college or university to [transcripts@inccrra.org](mailto:transcripts@inccrra.org).*

**Mail completed application to: INCCRRA/Applications · 1226 Towanda Plaza · Bloomington, IL 61701**