

Illinois Gateways to Opportunity® Scholarship Program

Verification of Employment

As a recipient of the Illinois Gateways to Opportunity Scholarship Program (GSP), you are required to make a work commitment to early care and education or school-age care in an eligible program.

- **Child Care Center Employee:** Have your current Center Director/Owner sign and date the verification below and send it with a copy of your most recent check stub.
- **ISBE-Funded Preschool for All (PFA) Teacher or Teacher Assistant:** Provide a letter (on letterhead) from your school or district stating that you are teaching in an ISBE-funded PFA classroom, and send it with a copy of your most recent check stub.
- **Family Child Care Provider:** Sign the verification below and send with proof that you cared for children for six months or one year after your contact end date (depending on commitment period below). This could be IDHS voucher, copy of check for child care payment, or current proof of care form (found at www.ilgateways.com).
- *If your employment has changed since the time you applied you must have received employment within 90 days of prior employment.*

Please note: All Gateways Scholarship contracts end on June 30. As stated in the GSP FAQs commitment periods are as follows:

- Six months for completion of a coursework contract
- One year for associate, bachelor's, or master's degree completion
- One year for certificate, approval, or endorsement completion

Email form and paystub/proof of care to:

scholarship@ilgateways.com

If you have any questions, please email scholarship@ilgateways.com.



Employment Verification

Email, Fax or Mail this section with proof of care as outlined above.

Center Employee:

I verify that _____ (Gateways Scholarship Recipient) _____ (Registry Number) is still employed with our center/agency.

Start Date: _____ Hours Worked Per Week: _____

Center Director/Owner Signature

Center Name

Date

Family/Group Home Child Care Provider:

I verify that I am still an active family/group home provider and care for children on a daily basis.

Start Date: _____

Family/Group Provider Signature

Date