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.
- 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 to:	Fax to:	Mail to:
jhinshaw@inccrra.org	309.827.3857 *Faxes should state your name, Registry Membership ID (ex: N123456), and that you are a Gateways Scholarship Participant.*	INCCRRA Attn: Gateways Scholarship Program 1226 Towanda Plaza Bloomington, IL 61701

If you have any questions, please call our office at 866.697.8278 to speak with a Gateways Scholarship Counselor.

Employment Verification

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

Center Employee:

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

Start Date: _____

_____

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**

Gateways to Opportunity Scholarship Program

Administered through inccrra

IDHS Illinois Department of Human Services