

CHILD CARE OPPORTUNITIES
Resource Development Center

(207) 667-2467

1-800-834-4378

www.childcareopportunities.org

Date Received _____

Amount Awarded \$ _____

Previously Awarded \$ _____

(for office use only)

APPLICATION FOR FINANCIAL SUPPORT
FOR CPR, FIRST AID, WATER SAFETY & LIFEGUARDING

This program is funded by the Maine Department of Health & Human Services, Office of Child Care and Head Start
You will need to pay in full for the classes. (Please type or print neatly)

Date of Application: _____ Financial Support Request: _____

1. CHECK ONE:

American Red Cross CPR & First Aid (initial) American Red Cross CPR & First Aid (recertification)

American Heart CPR & First Aid (initial) American Heart CPR & First Aid (recertification)

Basic Water Safety (initial) Lifesaving (initial)

2. FILL OUT YOUR PERSONAL INFORMATION:

Name: _____ Home Phone: _____

Street Address _____

City: _____ Zip: _____ County: _____

Social Security #: _____ Email: _____

3. FILL OUT YOUR EMPLOYMENT INFORMATION:

Agency: _____ Director: _____

Street Address: _____

City: _____ Zip: _____ Work Phone: _____

4. FILL OUT SCHOLARSHIP INFORMATION:

Title of Class: _____

Sponsor (check one):

American Red Cross Healthlink Other: _____

Location: _____ Dates Held: _____

5. TO PROCESS THIS REQUEST, PLEASE:

- Fill out Form Completely
- If you are requesting reimbursement to yourself:
- Please send proof of payment & a copy of your cards.
- Mail to: **Child Care Opportunities**
PO Box 648
Ellsworth, Maine 04605
Attn: Provider Support Specialist

☀ Money is awarded only as available, Money is awarded on a first-come first-serve basis,
Money may allow for only partial reimbursement