



# Health & Safety Scholarship Request Form

Children's Resource & Referral of Santa Barbara County  
is pleased to announce Scholarship

## Pediatric CPR, Pediatric First Aid, and Health & Safety Certification Training

Reimbursement will not exceed **\$100 total a year with a co-pay of \$5.00 per applicant**  
Reimbursement will be based on the availability of funds and approval.

### Who is Eligible?

1. All participants of CCIP, FCCSTQ/QRIS, Licensed Center-Based Staff, Licensed Exempt/Trust line

### When can you submit Scholarship Request Form?

1. Training must be completed between
2. Submit after completion of training
3. Request should be submitted no later than

### What must be included with Scholarship Request Form?

1. Copy of Receipts, Copy of each Certification (FRONT & BACK), Completed Scholarship Request Form and Wf9

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**One application required per person**

Name of applicant: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

### PLEASE CHECK ONE:

Participants of CCIP

Participants of FCCSTQ/QRIS

Licensed Center-Based

Licensed Exempt

Name of Course:

First Aid

CPR/AED

Training Institution: \_\_\_\_\_

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

Date Taken: \_\_\_\_\_

Amount Paid by Provider: \_\_\_\_\_

.....  
**DO NOT WRITE BELOW THIS LINE:**

Verified by: \_\_\_\_\_

Date: \_\_\_\_\_

Amount Refunded: \$ \_\_\_\_\_

CR&R Staff

# of applicants for this this application: \_\_\_\_\_

Make check payable to if more: \_\_\_\_\_

### SANTA MARIA OFFICE

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### SANTA BARBARA OFFICE

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