



# Rising STARS Tuition Assistance Program

**EMPLOYER ATTESTATIONS** – Program Director or Owner must *initial* in blue ink on the line next to each attestation. Items must be initialed for an application to be considered complete. Do not mark with a checkmark or an “x.”

\_\_\_\_\_ (a) I attest that the applicant \_\_\_\_\_ has been employed  
(Applicant’s First and Last Name)

by \_\_\_\_\_ since \_\_\_\_/\_\_\_\_.  
(Legal entity name) (mm / yy)

If less than 12 months at the above legal entity, please indicate prior employer information.

Prior Employer \_\_\_\_\_ Start Date \_\_\_\_/\_\_\_\_  
(Legal entity name) (mm) (yy)

Prior Director Name \_\_\_\_\_ End Date \_\_\_\_/\_\_\_\_  
(mm) (yy)

Prior Director Signature \_\_\_\_\_

\_\_\_\_\_ (b) I attest that the applicant works at least 20 hours per week at the above-named early learning program.

\_\_\_\_\_ (c) I attest that the applicant’s annual salary is less than \$40,000.00 (Assistant Teachers, Aides, Teachers, & Assistant Directors) **OR**

\_\_\_\_\_ (d) I attest that the applicant’s annual salary is less than \$50,000.00 (Child Care Center Directors; Family or Group Child Care Home Owner/Operators; Head Start Education Managers, Coordinators, Site Supervisors).

\_\_\_\_\_  
Director/Owner Signature **MUST BE SIGNED IN BLUE INK**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Director/Owner

\_\_\_\_\_  
Title

Please upload the completed form to your online application, fax to 610-987-8400 or mail to:

PA Keys to Professional Development c/o BCIU  
P.O. Box 16050  
Reading, PA 19612-6050  
FAX: 610-987-8400