

# Illinois Gateways to Opportunity® Scholarship Program

## Verification of Employment

As a recipient of the Illinois Gateways to Opportunity Scholarship Program (GSP), verification of employment needs to be received by INCCRRA no later than **August 31**.

- 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 6 months or 1 year after your contact end date. This could be IDHS voucher, copy of check for child care payment, or current proof of care form (found at [www.ilgateways.com](http://www.ilgateways.com)).
- **If you have left your employment 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:**

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

Email to:	Fax to:	Mail to:
<a href="mailto:ilwilkinson@inccrra.org">ilwilkinson@inccrra.org</a>	309.827.3857 <i>Faxes should state your name, Registry Membership ID (ex: N123456), and that you are a Gateways Scholarship Participant.</i>	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.

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.

Family/Group Provider Signature

Date