

SPRING 2020 CARE Workshop/Essay Verification Form

Apply to: Child CARE grant 1st 2nd

Gas CARD 1st 2nd 3rd

Student Name:		Student ID Number:	
Title of Workshop/Essay:			
Name/Signature of the Presenter:		Date:	Office Use Only Access _____ Colleague _____ Initials _____

In order for your services to be processed this form MUST BE filled out COMPLETELY

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