

This is a joint agreement among _____, _____,
and Child Care Aware of Washington Scholarships Program (CCA of WA Scholarships) through Child Care Aware of
Washington (CCA of WA). Please read this agreement carefully and then initial and sign in the appropriate spaces.
The named scholar will be able to access their release time benefit for all terms covered in their scholarship
contract upon completion and submittal of this agreement form. If the scholar should change employers then their
access to the release time benefit will be revoked until their new employer submits a PCHS Scholar Employer
Agreement (This is assuming that the employer is an eligible licensed child care facility. If the facility is not eligible
then the scholar will not be able to access release time.)

_____ agrees to:
Facility Name

- Pay the scholar their normal working rate for up to 3 hours per week used towards completing school activities (ex. Going to class during normal working hours, studying, completing academic tasks such as purchasing books or meeting with school staff members, etc.).
- Complete and submit the Release Time Reimbursement Claim Form, by the designated quarterly deadlines (Winter term 4/15/2023, Spring term 7/15/2023, Summer Term 10/15/2023, Fall term 12/31/2023).

CCA of WA agrees to:

- Reimburse [facility name] \$15 for every hour (up to 3 hours per week during the academic term) claimed using the information on the release time claim form, and after completion and submission.

(Scholarship Recipient Signature)

(Date)

(Authorized Facility Representative Signature)

(Date)

(Authorized CCA of WA Scholarships Signature)

(Date)

Scholarship Contract:

Date Created: