	Fax: 1-850-245-0875 E		ental Choice	
	PRIVATE SCHOOL GE Workforce Education S Instructions: Complete the first 2 section	Scholarship Pilot	Program	
Private School	instructions. Complete the first 2 seem		to this office.	
School Name	Federal Employer Identification Number			
Street Address	City	State	Zip	County
Owner Name		Owner E-mail		
Director Name	Director E-mail			
School Phone #	School E-m	ail		
School website				
Supported Employment Service	es Provider (Employer)			
Employer Contact Name Employer Co			tact Phone #	
General Fee Schedule Section 1004.935(5)(d), F.S., pr must provide to the provider of s	been provided to Supported Emplo rovides that for a student to receive supported employment services al t least 30 days before any quarter	e the Workforce Education documentation required	n Scholarship par	ticipating private schools
-	private school general fee schedule		nsure that all statu	tory provisions have been
Item/Service Provided			Quantity	Cost
<u> </u>				

Date _