



3120 Eddy ST
 Amarillo, Texas 79106
 (806) 350-1719--Tina Maloney Direct Line
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Request for Texas Success Initiative (TSI) Fee Voucher

*You must schedule your testing **BEFORE** submitting Voucher Request. Completed Request must be received in our office at least (3) calendar days prior to the test date. Please print and use blue or black ink.*

1. Name of Applicant: _____
2. AC Student ID # _____ (if applicant has an AC Student ID **OR**
 Last four digits of Social Security Number if you do not have an AC Student ID): _____
3. Address of Applicant: _____

 City: _____ State: _____ Zip: _____
4. Best Phone Number to Contact You between 8a-5p M-F: _____
5. E-mail address: _____
6. TSI Testing Date: _____
7. 7. Semester I plan to enroll for child development classes Fall Spring Summer 2022

I am requesting a voucher for the TSI testing in the following area(s):

- \$15 – Math test
 \$15 – ELAR

- \$30 – Both tests
 Total amount requested \$ _____

To be completed by Child Care Program Director/

Child Care Program Name: _____
 CCR #: _____ Program Phone # _____
 I attest the application is currently employed in a caregiver or administrative position in my facility.

 Child Care Program Director/Supervisor _____
 Date

 Applicant’s signature

 Date

 WPS Provider Services Staff signature

 Date