



3120 Eddy ST  
Amarillo, Texas 79106  
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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.***

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. Semester I plan to enroll for child development classes  
 Fall 2023  Spring 2024  Summer 2024  Fall 2024

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

- \$15 – Math test  \$30 – Both tests  
 \$15 – ELAR

8. What role most closely matches your job duties:  
 classroom teacher  assistant teacher  classroom floater  
 if, yes, what ages to you most often work with  infants  toddlers  preschool  school  
  
 administrative -  director  assistant director  other role:

**To be completed by Child Care Program Director or Home Care Owner**

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