



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

AB212 CARES Educational Plan for Professional Development

Please review the instructions for assistance with completing this form.

1. Name: _____
Last First Middle

2. Address: _____
City Zip

3. Daytime Phone: (____) _____

4. Social Security Number: _____-_____-_____

A. I will complete the following college units to earn a stipend (*minimum of 3 units from college plan required*):

College: _____ Course Title and Number: _____ Units: _____

College: _____ Course Title and Number: _____ Units: _____

College: _____ Course Title and Number: _____ Units: _____

College: _____ Course Title and Number: _____ Units: _____

I certify that, to the best of my knowledge, this educational plan complies with SD CARES requirements.

CARES Staff Name CARES Staff Signature Date

I certify that, to the best of my ability, I will complete the educational plan detailed above.

CARES Participant Name CARES Participant Signature Date