



**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: \_\_\_\_\_

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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