** Respite Scholarship Timesheet**

**Month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Date** | **Times** | **Care Provider Signature** | **Guardian Signature** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |

**\*Must be submitted before 9a on the last Monday of each month in order to receive funds for the upcoming month.**

**Dr. Amy Hobson, ND**

*Director*

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