



Scholarship Request Instructions and Forms

The Youth Conservation Corps (YCC) Program provides a tuition voucher of \$1,500 or a cash bonus of \$500 to a Corps member who has worked for any YCC Project for 12 months (52 weeks) in a 48 month period. A partial tuition voucher or cash bonus may be earned if a Corps member has worked a minimum of 32 weeks in a 48 month period.

Instructions to apply for a Tuition Voucher

The tuition voucher may only be used at a New Mexico institution of higher education and must be used within a two year period. A Corps member must pay for the education expenses first, then send YCC a letter asking for reimbursement of the expenses based on the receipts that are included with the letter. A Corps member follows the same procedure each time he/she wants to be reimbursed for education expenses until the full amount of his/her tuition voucher is used. An example of a letter is included in this document)

SAVE YOUR RECEIPTS! YCC requires receipts that are itemized. An itemized receipt lists what is purchased (example: pens), the unit number (example: 4), the price per unit (example: \$1.50) and the total dollar amount. The receipt should also indicate how the items were paid (example: cash, credit card). Always ask for an itemized receipt from the place of business. An example of an itemized receipt is attached to the form.

Fill out two forms; the YCC Scholarship Request Form (page 2) and the W-9 Form (page 4, instructions on page 5). The YCC staff recommends that you have direct deposit, which means that the reimbursement funds are deposited directly into your bank account.

Mail both forms to: Kristine Sanchez
Youth Conservation Corps
811 St. Michaels Drive, Suite 206
Santa Fe, NM 87505

Or email the forms to; Kristine.Sanchez@state.nm.u

YCC will then determine how many weeks of service you have worked and calculate the amount of your tuition voucher. You will be contacted you to let you know the amount of your tuition voucher.

You may request reimbursement for the following items; tuition, books, fees, calculators, notebooks (for holding paper and files), paper, toner cartridges writing utensils, and other similar items needed for classroom organization and report writing.

YCC will not reimburse for the following items; parking passes, food and lodging, tablets, computers, printers and other computer related items.

Instructions to apply for a Cash Bonus

Fill out two forms; the YCC Scholarship Request Form and the W-9 Form (included in this document). The YCC staff recommends that you have direct deposit, which means that the \$500 check is deposited directly into your bank account.

Send both forms to: Kristine Sanchez
Youth Conservation Corps
811 St. Michael Drive, Suite 206
Santa Fe, NM 87505

Or email the forms to; Krisitne.Sanchez@state.nm.us

YCC will then determine how many weeks of service you have worked and calculate the amount of your cash bonus. She will contact you to let you know the amount of your cash bonus.

Mrs. Sanchez's phone number is 505-988-9599.

Youth Conservation Corps Scholarship Request

Date:		
Name of Corps Member:		
Mailing Address of Corps Member:		
City:	State:	Zip code:
Phone Number of Corps Member:	Email:	

Name of the Project Sponsor and the calendar year you worked for the organization.	
1st Term Employer's Name:	Year:
2nd Term Employer's Name:	Year:
3rd Term Employer's Name:	Year:
4th Term Employer's Name:	Year:

The paragraph below is taken directly from the YCC Act

9-5B-9. Education; training.

A. Corps members shall be encouraged to increase their opportunities for employment by education and training. Corps personnel shall seek cooperative agreements with community colleges, vocational schools and other institutions of higher learning in an effort to aid corps members in achieving their educational goals. Corps personnel shall provide opportunities for corps members to achieve basic education, literacy and high school or equivalency diplomas.

B. On completion of employment, a corps member who has twelve full months of employment as a corps member during a period not to exceed forty-eight months, and who has received satisfactory evaluations throughout the corps member's employment, is entitled to receive as additional compensation five hundred dollars (\$500) or a one thousand five hundred dollar (\$1,500) educational tuition voucher at a New Mexico public institution of higher education. The educational tuition voucher is valid for two years. If the corps member receives a satisfactory employment evaluation and the program manager determines that the corps member's employment was completed in less than twelve months in a four year period due to circumstances beyond the corps member's control, the program manager may authorize a partial compensation payment or a partial educational tuition voucher to that corps member.

Please Check the Appropriate Box

I am requesting the Tuition Voucher: <input type="checkbox"/> (Maximum of \$1,500)
I am requesting the Cash Bonus: <input type="checkbox"/> (Maximum of \$500)

Along with the Scholarship Request form, the Corps member must complete the State of New Mexico W-9 vendor form which is attached at the end of this document. Put the address that you want the check mailed to.

Please respond to these questions:

Do you feel YCC has helped you identify your goals?

Do you feel the skills learned while participating in the YCC Project will help you attain these goals?

I certify that the information provided above is correct to the best of my knowledge.	
Print Name:	
Signature:	Date:

Youth Conservation Corps Tuition Voucher Request Letter

Wendy Kent, Executive Director
Youth Conservation Corps
811 St. Michael Drive, Suite 206
Santa Fe, NM 87505

Dear Mrs. Kent:

I am requesting to get reimbursed for my tuition, books and/or supplies costs in the amount of \$_____. Please let me know if you need any more information regarding this request. I have attached copies of itemized receipts to this letter.

Sincerely,

Name _____ Date _____
(Please sign and date your letter!!)

Provide Your Address Here: (Must match the address on the State of New Mexico W-9 Vendor Form)

Phone Number: _____

DO NOT SEND TO
IRS - SUBMIT
FORM TO
REQUESTING
AGENCY

FCD 02/2017

NEW MEXICO DEPARTMENT OF FINANCE & ADMINISTRATION
FINANCIAL CONTROL DIVISION
SUBSTITUTE FORM W-9



REQUEST FOR TAXPAYER IDENTIFICATION NUMBER, CERTIFICATION

TYPE OR PRINT NEATLY, PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION

PART I: VENDOR INFORMATION

1. Legal Business Name: (As it appears on the IRS EIN records, CP575, 147C - or - Social Security Administration records, Social Security Card, certified Form SSA7028)

2. If you use a DBA/Trade Name, please list below:

3. Entity Type (Check only one, unless you are or have been a State of New Mexico Employee, then also check State of New Mexico Employee box):

<input type="checkbox"/> Individual / Sole Proprietorship	<input type="checkbox"/> Estate or Trust
<input type="checkbox"/> Single Member / LLC (Individual)	<input type="checkbox"/> Government (Local, State, Federal, Tribe)
<input type="checkbox"/> Partnership General / LLC	<input type="checkbox"/> Tax-Exempt organization under IRC Section 501 C
<input type="checkbox"/> Corporation / Professional Corporation / LLC	<input type="checkbox"/> State of New Mexico Employee (Agency No.)
<input type="checkbox"/> Non-United States Business Entity	

4. 1099 Reporting: Services provided to the State by vendor:

<input type="checkbox"/> Health care or medical service	<input type="checkbox"/> Royalties	<input type="checkbox"/> Agency Volunteer (Agency No.)
<input type="checkbox"/> Attorney services	<input type="checkbox"/> State of NM Appointed Board member / commissioner / committee member	<input type="checkbox"/> Supplier & Active NM Employee
<input type="checkbox"/> Rental of Real Property		<input type="checkbox"/> Other

PART II: TAXPAYER IDENTIFICATION NUMBER (TIN) & TAXPAYER IDENTIFICATION TYPE

1. Enter your TIN here (DO NOT USE DASHES)

2. Taxpayer Identification Type (check appropriate box):

<input type="checkbox"/> Employer ID No. (EIN)	<input type="checkbox"/> Social Security No. (SSN)	<input type="checkbox"/> Employee ID	<input type="checkbox"/> N/A (Non-United States Business Entity)
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PART III: ADDRESS

1. Address: (Location where payments and correspondances can be sent) (if a NM state employee, enter Agency name and Field Office Address) Address Line #1	2. REMITTANCE, IF DIFFERENT: (location specifically used for payment that is different than address 1, if applicable) Address Line #1
Address Line #2	Address Line #2
Address Line #3	Address Line #3
City State Zip - 9 Digit	City State Zip - 9 Digit

PART IV: CERTIFICATION

Under penalties of perjury, I certify that:

- The number shown on this form is my correct tax payer identification number (or I am waiting for a number to be issued to me), AND
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, AND
- I am a U.S. Citizen or other U.S. person.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding

Printed Name	Occupation	Telephone Number
Signature	Email for receiving ACH advices	Date (mm/dd/yyyy)

PART V: OPTIONAL DIRECT DEPOSIT (ACH)

Warning: The State of New Mexico will not process International ACH Transactions (IAT). If any payment to you from the State will ever result in an IAT under National Automated Clearing House Association (NACHA) operating rules or if you are not sure if the rules apply to you DO NOT FILL OUT THIS SECTION OF THE FORM. Please provide a copy of a voided check or letter from bank confirming information indicated above.

Include a voided check or letter from financial institution if requesting ACH payments

Type of Account: Checking Savings

I acknowledge the IAT warning and authorize the State of New Mexico to initiate direct deposit of funds to the account and financial institution indicated, and to recover funds deposited in error if necessary in compliance with NACHA regulations.

Signature	Printed Name
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Instructions for Completing this Form

This form substitutes for the IRS W-9 form. Complete this form if you will receive payment from the State of New Mexico and/or you are a vendor who provides goods and services to the State of New Mexico. To comply with the Internal Revenue Service (IRS) regulations regarding 1099 reporting, the State of New Mexico is required to collect the following information to be completed on the Substitute W-9 form. The information collected on this form will allow the State to confirm that our records contain the official name of your business, the Tax Identification Number (TIN) that the IRS has on file for your business and business type.

Check the appropriate box(s) that this form is to be utilized and fill in the corresponding section(s) indicated next to the box(s) checked.

PART I: VENDOR INFORMATION

- 1. Legal Business Name** Enter the legal name as registered with the IRS or Social Security Administration.
- 2. DBA/Trade Name** Individuals leave blank. Sole Proprietorships: Enter DBA (doing business as) name. All Others: Complete only if business name is different than Legal Name.
- 3. Entity Type** Check ONE box which describes business entity. If a current, past, or becoming a state employee, please also mark the State of New Mexico Employee box and enter the Business Unit number for the agency. Also, provide the 6 digit employee ID as assigned in SHARE HCM in the Part II Taxpayer Identification Number (TIN) & Taxpayer Identification Type section and mark the Employee ID box.
- 4. 1099 Reporting** Check the appropriate box that applies to the type of services being provided to the State. If the type of service is not specifically stated, enter the type of service in the Other box.

PART II: TAXPAYER IDENTIFICATION NUMBER (TIN) & TAXPAYER IDENTIFICATION TYPE

- 1. Taxpayer Identification Number** Enter TIN with no dashes in the boxes provided
 - a. TIN** is always a 9-digit number. Provide the Social Security Number (SSN) assigned by the Social Security Administration (SSA) or the Federal Employer Identification Number (FEIN) assigned to the business or other entity by the Internal Revenue Service (IRS).
 - b. Employee ID** is always a 6-digit number. Provide the employee ID assigned by the State of New Mexico for payroll processing in SHARE HCM.
- 2. TIN Identification Type** Mark the appropriate box for the TIN provided above.

PART III: ADDRESS

- 1. Address** Where correspondence, payment(s), purchase order(s) or 1099s should be sent.
 - a. Employees** If a current employee, please provide this following:
 - i. Address Line #1:** State Agency Name
 - ii. Address Line #2:** Field Office Mailing Address
 - iii. Address Line #3:** N/A
 - b. CDBG** When providing a Community Development Block Grant (CDBG) remittance address, enter CDBG on line #1 and entities remittance address in address line #2
- 2. Remittance Address** If different than Address
- 3. Zip Code and Phone Number** The 5 + 4 code will be required to be entered for all zip codes. If the last 4 digits are unknown, then 4 zeros (0) can be entered. Do not enter the "-" as part of the zip code. When entering the phone number, only enter the 10 digit number. Do not enter the "(" or "-" as part of the phone number.

PART IV: CERTIFICATION

By signing this document you are certifying that all information provided is accurate and complete. The person signing this document should be the partner in the partnership, an officer of the corporation, the individual or sole proprietor noted under legal name above, or the New Mexico State Employee for which the vendor account is established.

Identifying information is required of the person signing the form.

PART V: OPTIONAL DIRECT DEPOSIT (ACH) You may elect to receive payments from the State of New Mexico through Automated Clearing House (ACH) direct deposit. Please provide a copy of a voided check or letter from financial institution with the banking information. Without one of the two items, ACH information WILL NOT be entered and payments will be made by warrant. Select the type of account being provided.

I Acknowledge Print name and sign to acknowledge the IAT warning and to authorize the State of New Mexico to initiate direct deposit of funds to your financial institution provided.

Privacy Act Notice Section 6109 requires you to furnish your correct TIN to persons who must file information

EXAMPLE OF AN ITEMIZED RECEIPT

College Book Store
0000 Somewhere Street
Albuquerque, NM 87000
Phone: 505-000-0000
Invoice #: 00000
Date: 4/2/2013

Item	# of Units	Price/Unit	Total
History of Britain, Book	1	\$56	\$56
Mechanical Pencils	1 box	\$10	\$10
Calculator	1	\$47	\$47
		Sub-Total	\$113
		Tax	\$5.65
		Total	\$118.65