

South Carolina Department of Social Services
Independent Living Program
INVOICE FOR YOUTH GRADUATION AWARD

1. County: _____
2. Regional Office: _____
3. Case Manager: _____
4. Youth's Name: _____
5. Sex: Male Female
6. Race: _____
7. Date of Birth: _____
8. Please mail the Graduate Award to the youth in care of (c/o):
The c/o name is: _____
Street Address: _____
City, State, Zip: _____

Name of School: _____

Note: A printout of the CAPSS "Education Screen" MUST accompany this Graduate Award Invoice

- Educational Award Earned: **CAPSS Education Screen is attached**
- High School Diploma
 - Certificate of Completion
 - Adult Education/GED
 - Associate's Degree
 - Vocational Certificate
 - Bachelor's Degree
 - Master's Degree

Date Educational Award Earned: _____

Signature of Youth

Date

Amount Due: (To be completed by State Office) _____

Signature of Independent Living Coordinator

Date

Approved by: _____ Date: _____