

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: \_\_\_\_\_

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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

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Amount Due: (To be completed by State Office) \_\_\_\_\_

\_\_\_\_\_  
Signature of Independent Living Coordinator

\_\_\_\_\_  
Date

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_