

Application for Scholarship Support
Early Childhood Professional Training Project

Criteria to be considered for grant funds for the 2010-11 academic year (ends at the end of summer 2011 terms):
(criteria are subject to change in subsequent years). **All information is confidential and stored in a locked cabinet.**

Funding May NOT be Available after summer 11

- Applicants may be asked apply for funding consideration annually;
- Applicants are required to apply for Federal Financial Aid annually (requirement waived if client has earned a BA/BS degree already); apply as early as possible! If you need assistance, please ask the Project Administrator or contact the college. If you receive a financial aid award, provide the project administrator with a copy of the award notice.
- Clients must register for college classes **a minimum of two weeks prior to the term** and notify the Project Administrator as soon as they are registered with a copy of their schedule.
- Applicants must sign a *Statement of Understanding and a Consent and Permission to Release Information Form*;
- Applicants must have been a resident of SW Colorado **for a minimum of one year** (includes Archuleta, Dolores, La Plata, Montezuma, San Juan and San Miguel Counties); **Applicants must qualify for in-state tuition** and sign up for the Colorado Opportunity Fund (COF).
- Applicants must verify some experience in the early childhood field with a minimum of 2 days (minimum of 10 hours/week) experience for a minimum of 3 months;
- Applicants must demonstrate financial need and exhaust other funding sources before becoming eligible for THB funding (i.e. pell grants, employee sponsored educational assistance, TEACH scholarship, etc.);
- Participants must satisfactorily complete all course work at the "C" or better level or the participant is obligated to reimburse amounts paid by grant funding within 3 months of the receipt of the grade.
- Applicants must provide the Project Administrator with unofficial transcripts of all course work completed at the *time of application* and a grade report at the end of each semester when classes are completed.

PLEASE PRINT

Name: _____ Birth date _____

Mailing Address: _____

City: _____ Zip _____ Phone: (h) _____

Email address if you have it: _____

Work phone: _____

Employer: _____

Address of Employer: _____

Name of Employer contact: _____

Length of time with employer: _____

Does your employer offer financial support to take college classes? Yes or No

If yes, what type of support is available (circle all that apply)?

Funding?

TEACH scholarship?

Release time from work?

Other? (Please explain on another sheet)

Experience in Early Childhood Education:

Approximately how long have you worked in this field? _____

What duties did you perform related to working with young children?

If you are currently working in ECE, what is your job title at work?

Where have you worked with young children?

Education Background:

Did you earn (circle all that apply) High school diploma GED None College Degree

If you earned a college degree, what was your major and degree earned? (Attach an unofficial transcript)

Where did you earn your degree?

Do you have an elementary teaching license? Yes or No

Did you *attend* college in the past that didn't result in graduation? Yes or No

Are you currently working on a college degree? If so, what is the program of study and what school are you attending?

If you have EVER attended college, please attach an unofficial transcript for all colleges attended to this application.

Do you have a Child Development Associate (CDA)? Yes No
If yes, please provide a copy with this application.

Have you completed the Expanding Quality/Infant Toddler 48 hour course? Yes No

Education Plans:

What is your planned education goal? Circle *any* that you would like to complete.

Licensed home care CDA Group Leader status

Large or Small Center Director Qualification

Two year degree in ECE (AAS or AA degree) BA Degree with or without ECE Teacher License

Please attach any additional information that you think should we should know in order to consider your request for funding support in early childhood education.

Acceptance for Temple Hoyne Buell Grant Funding in
Early Childhood Education
STATEMENT OF UNDERSTANDING

This letter is to inform you of the conditions under which you may be eligible to receive funding from the grant project for the development of individuals in the early childhood profession and your obligations to be considered for funding.

Your funding support may be for tuition, fees, books (i.e., tuition, fees and books **not** covered by a pell or other type of grant or scholarship).

In order to accept and receive any funding, you must read and sign the Statement of Understanding. Please keep a copy for your records. If you have questions about this agreement, please ask!

My signature below indicates my acceptance of the Statement of Understanding to receive funding:

- All clients **are required** (unless a BA or BS degree or higher has already been earned) to apply for federal financial aid to demonstrate financial status. If you need assistance in doing this, please contact the administrator of the program or the college. If you receive a financial aid award or scholarship, please provide a copy of the notice of award as soon as received.
- All clients must be classified as in-state for tuition purposes. All must sign up and accept the Colorado Opportunity Fund (COF) each semester and are responsible for ensuring the COF award is posted to their account.
- If you need funding support to enroll in classes, due to the higher cost of online classes, do not sign up for online classes without seeking approval from the project administrator first.
- Clients are urged to register for classes **two weeks prior to the term** and provide a copy of your schedule immediately after registering for classes. Notify the project administrator immediately if you drop a class or *if you wish* to add a class and need funding support to do so.
- If you are receiving funding for tuition, fees and/or books and later receive a pell or other grant disbursement (which does not need to be re-paid), the disbursement should be used to pay for the tuition, fees and/or books. This may mean that the client must reimburse the project for expenses paid on their behalf before the disbursement of pell or other grant funds was received.
- I certify that I have been a resident of SW Colorado (Archuleta, Dolores, La Plata, Montezuma, San Juan and/or San Miguel counties) **for a minimum of one year**.
- I am a current employee or past employee of the early childhood field (minimum of 10 hours/week for at least three months).
- I understand that I must successfully complete any course work with a grade of "C" or better or I will be required to repay any tuition, fees, books or required supplies that were paid for on my behalf as part of this project. If applicable, reimbursement to the project must be made within 3 months of course completion.
- I will provide a grade report at the end of each term being sponsored. Grade reports must be provided before continuation of scholarship support in any future semesters/academic terms can be approved.

Criteria to access funds may change in future years. Clients may be asked to reapply each year that grant funding is available, and will be considered based on the criteria in effect at the time of the application.

Signature

Date

Print Name

College issued Student ID Number (S number at SCCC)

Please keep a copy of this form for your records!

*Early Childhood Professional Training Project
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bdodds@durangoaec.org*

Barbara Dodds, Project Administrator

CONSENT AND PERMISSION TO RELEASE INFORMATION

Date: _____

To: Whom it may concern

Client Name: _____

Re: Release of client information pertaining to education/training

By signing below, I authorize Barbara Dodds to:

- Discuss my education/training needs and goals with my supervisor.

This release is in effect only for Barbara Dodds and for the purpose(s) as stated.

- Employment supervisors are authorized to discuss education/training needs and goals with Ms. Dodds

The purpose of this release is to facilitate the guidance and direction of my professional goals.

This release is valid from the date signed to the end of the Project.

Student Signature

Student ID NO.

Date