



IdahoSTARS – Idaho State Training and Registry System

# COLLEGE COURSEWORK Scholarship Application Form

*Si desea información en Español, comuníquese con Idaho CareLine al 2-1-1 o (800) 926-2588*

## WHO IS ELIGIBLE TO RECEIVE A COLLEGE COURSEWORK SCHOLARSHIP?

Anyone who is enrolled in the IdahoSTARS Professional Development Registry (PDS) and:

- Works in a child care setting designed to care for children when parents work or attend training,
- Works in a program that operates full time,
- (For child care workers) regularly scheduled to work directly with children in a classroom setting at least 15 hrs/week or 780 hours in one year
- (For child care Directors) regularly scheduled to work directly in the facility with children, staff, and parents a minimum of 30 hours/week or 1,560 in one year,
- Earns \$15/hr or less,

***SCHOLARSHIPS ARE AVAILABLE TO ELIGIBLE APPLICANTS ON A FIRST COME, FIRST SERVED BASIS AS LONG AS FUNDING IS AVAILABLE.***

## WHAT COLLEGE COURSES CAN BE COVERED BY A SCHOLARSHIP?

Any early childhood education class offered for college credit at an accredited Idaho state college or university. Scholarships will only cover tuition paid by the student. Scholarships will not cover enrollment fees, activity fees, parking, books, etc. Scholarships will also not cover tuition fees paid with PELL Grants.

## SCHOLARSHIP AWARDS WILL BE MADE IN THE FOLLOWING WAY:

**Reimbursement Scholarships** are for tuition fees already paid for a college course that is approved by IdahoSTARS and completed after IdahoSTARS enrollment.

## PERSONAL INFORMATION (PLEASE PRINT as it appears on your social security card.)

<b>First name</b> _____	<b>MI</b> _____	<b>Last name</b> _____	<b>Other names you have used:</b> _____
Is the above name a new name? Yes <input type="checkbox"/> No <input type="checkbox"/>			Is the address below a new address? Yes <input type="checkbox"/> No <input type="checkbox"/>

### Please complete contact information

**Mailing address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip code** \_\_\_\_\_ **County you live in** \_\_\_\_\_

**Home phone** \_\_\_\_\_ **Work phone** \_\_\_\_\_ **Number of hours worked in a week** \_\_\_\_\_

**Email** \_\_\_\_\_ **Number of weeks worked in a year** \_\_\_\_\_

**Age of children you serve** (Check all that apply)

Birth to 12 months     Toddlers 13 – 30 months     Preschool 31 months to 5 years

5 years old     School-Age over 5 years     All ages

**Current position** \_\_\_\_\_ **Beginning date of employment** \_\_\_\_\_

**Current hourly wage** \$ \_\_\_\_\_ /hour ***Attach recent pay stub, tax return, or complete an income worksheet.***

**Idaho AEYC member** Yes  No  **Other ECE professional organization** \_\_\_\_\_

**Place of employment** \_\_\_\_\_

**Employment mailing address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**License type** (**Attach license**)  Center     Home     Group     City     State

**Program type**  Family Home Care     Center     Licensed     Accredited     Other

**COLLEGE COURSE REQUEST:**

Course name: \_\_\_\_\_

College or University: \_\_\_\_\_

Course number: \_\_\_\_\_ Number of credits: \_\_\_\_\_

Course start date: \_\_\_\_\_ Course end date: \_\_\_\_\_

Tuition cost: \_\_\_\_\_ Grade: \_\_\_\_\_

Total amount of scholarship request: \_\_\_\_\_

**ALL APPLICANTS: DID YOU REMEMBER TO INCLUDE THE FOLLOWING?**

- Copy of center license*
- Copy of recent pay stub or a completed Family Provider Income Worksheet*
- Payment receipt or College/University statement with payment information*
- Grade report for the class being reimbursed*
- A completed and signed application*

**How did you hear about the scholarship?**

- Presentation    Mailing    CCR&R Agency    Idaho AEYC Website    IdahoSTARS Website
- Co-worker    Instructor    Center Director    Other \_\_\_\_\_

**ALL SCHOLARSHIP APPLICANTS:** I am requesting financial support for college coursework. All information provided on this application is true and accurate. I understand that eligibility does not guarantee that I will receive a scholarship award. Furthermore, I understand that if I receive a Scholarship and do not complete the course requirements, I will be responsible for notifying the scholarship office and may be responsible for paying back any money spent on my behalf.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The purpose of IdahoSTARS is to ensure quality care for all children in our state through increased opportunities for basic and ongoing training of child care, early education, and school-age care providers.

*The University of Idaho Center on Disabilities and Human Development (CDHD) with Idaho Association for the Education of Young Children (Idaho AEYC) through a contract with Idaho Department of Health and Welfare administers IdahoSTARS Scholarships, Trainer and Training Approval, and Provider Services.*

**Return this application and supporting documentation to:**

**IdahoSTARS**  
**Attn: Scholarship Office**  
**1471 Shoreline Drive, Suite 202**  
**Boise, Idaho 83702-9105**