



IdahoSTARS – Idaho State Training and Registry System

# MENTOR/COACHING 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 MENTOR/COACHING 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, and earn \$15/hr or less,
- (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.

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

## WHAT PROJECTS CAN BE COVERED BY A MENTOR/COACHING SCHOLARSHIP?

Mentor/Coaching is available for a variety of different projects can after the participant's initial enrollment in IdahoSTARS. A list of possible projects is included on the next page. For more information on mentor/coaching, please see the Idaho AEYC and IdahoSTARS websites at [www.idahoaeyc.org](http://www.idahoaeyc.org) and [www.idahostars.org](http://www.idahostars.org).

## MENTOR/COACHING SCHOLARSHIP AWARDS WILL BE MADE IN THE FOLLOWING WAY:

IdahoSTARS approved mentor/coaches will receive payment on behalf of the scholarship recipient, after mentor/coaching agreement has been signed by both parties, and has been returned and approved by the IdahoSTARS Mentor/Coaching office.

## 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 5years  
 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

**MENTOR/COACH SERVICES REQUEST:**

***Individual Projects:***

- Create/improve business plan
- Improve scores on environment assessment
- Improve developmentally appropriate practice
- Facilitate social & emotional development
- Mentor to help with accreditation process
- Mentor for GED testing preparation
- NAFCC – National Association of Family Child Care
- NAEYC – National Association for the Education of Young Children
- Support with specialization certificate
- Other: \_\_\_\_\_

Specific number of visits needed to complete project: (10 or fewer recommended) \_\_\_\_\_

Name of IdahoSTARS Approved Mentor with whom you would like to work (if known): \_\_\_\_\_

***U.S. Department of Labor Apprenticeship:***

- Two year apprenticeship while working towards a degree in Early Childhood.

***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
- 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 \_\_\_\_\_

***Both Director/Owner and Teacher requesting a mentor/coach must sign!***

**Director/Owner of Program Requesting Mentor/Coaching:** I am requesting financial support for an IdahoSTARS mentor/coach. 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 assessment 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:** \_\_\_\_\_

**Teacher Requesting Mentor/Coach:** I am requesting financial support for an IdahoSTARS mentor/coach. 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 assessment 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**