

ACADEMIC Scholarship Application Form

IdahoSTARS ★ 1471 Shoreline Drive, suite 202 ★ Boise, ID 83702 or Call the 2-1-1 Idaho CareLine by dialing 2-1-1 or 1-800-926-2588

ELIGIBILITY

To Be Eligible For Scholarship You Must:

- Be Enrolled in IdahoSTARS Professional Development Systems Registry
- Work in a child care setting that cares for children while parent(s) or guardian(s) work or attend training
- Work in a program that operates full time and licensed.
- Earn \$15.00/hours or less.
- Has worked at least one year in their sponsoring program (**Note: Your sponsoring program is usually your place of employment**)
- **Child Care Provider** - provide regularly scheduled direct care and/or education with children in a child care facility at least 25 hrs/wk or 780 hrs/yr.
- **Directors/Owners** - be regularly scheduled to work directly in the facility with children, staff or parents a minimum of 30 hours/wk

Important Note: Scholarships are available to eligible applicants on a **first come, first served basis as long as funding is available**

SCHOLARSHIP AWARDING PROCESS

Reimbursement Scholarships are a direct payment to applicants for registration fees already paid for coursework that is approved by IdahoSTARS and was completed after IdahoSTARS enrollment.

Direct Payment to colleges is made for Academic scholarships. A scholarship counselor will assist you with the contracts and application process. If applying for an academic scholarship or requesting Mentor/Coach services, submit this form 2 business weeks prior to the college registration deadline or the beginning of Mentor/Coach services.

SUBMITTING APPLICATION

Mail Application and Supporting Documentation to:

IdahoSTARS
Attn: Scholarship Office
1471 Shoreline Drive, Suite 202
Boise, Idaho 83702-9105
Fax: 208-345-6569

You Will Need to Attach:

- Current Pay Stub (*if child care provider*)
- Income Worksheet (*if director/owner*)
- Facility License (required)
- Submit a one page letter describing your short and long term professional development goals and explain how receiving a scholarship will help you achieve these goals.
- Copy Payment Receipt (if requesting reimbursement, e.g. receipt or, cancelled check/money order stub made out to college or university.
- Copy of tuition bill and schedule (if you already registered for classes)
- Written letter of recommendation from director/owner.

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.

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APPLICATION INFORMATION

Name: _____ change of name? Yes No

Note: If name has changed you must send in a **copy of social security card in your current legal name and W9 Form.**

Other names you have used: _____

Social Security #: _____/_____/_____

Home Mailing Address: _____ change of address? Yes No

City: _____ State: _____ Zip Code: _____

County: _____ Email: _____

Home Phone: _____ Work Phone: _____

Idaho AEYC member? Yes No

Membership in Early Childhood Professional Organization(s)? Yes No

(If yes, list organization and give member number) _____

EMPLOYMENT INFORMATION

Place of Employment: _____

Employment mailing address: _____ Phone: _____

Beginning Date of Employment: _____ Current position: _____

Number of hours worked per week: _____ Number of hours worked per year: _____

Current Hourly Wage: _____

Note: If you are a **Child Care Provider** must submit current pay stub.

If you are a **Director/Owner** must submit Income Worksheet.

Age Range(s) and Programs: (check all ages you directly work with)

- | | | |
|---|--|--|
| <input type="checkbox"/> Birth to 12 months | <input type="checkbox"/> Toddlers 13-30 months | <input type="checkbox"/> Preschool 31 months |
| <input type="checkbox"/> 5 years | <input type="checkbox"/> School-Age over 5 years | <input type="checkbox"/> All Ages |

License type: (attach license) Center Home Group City State

Program type: Family Home Care Center Licensed Accredited
 Other: _____

MENTOR/COACHING SERVICE REQUEST

Mentor/Coach Service (Apprenticeship: This program is offered in conjunction with the U.S. Department of Labor Office of Apprenticeship.)

- Check if need a Mentor/Coach for: *(check all that apply)*
- Apprenticeship: on-the-job training with academic courses
 - Help with the CDA Assessment Process
 - Performing the CDA Assessment Observation Instrument

TO BE COMPLETED BY APPLICANT

Academic Degree Scholarships Contract:

- Scholars take 9-16 semester credits or 14- 26 quarter credits over one year toward a CDA, Associate's or Bachelor's degree in Early Childhood;
- Scholar maintains a "C" average in all classes
- The scholarship consists of 100% of tuition; scholar pays 100% of book costs.
- Employer gives a 2% raise above and beyond any other compensation the employee is entitled to.

Check Degree that relates to you: (check one)

- Bachelor
- Associate
- EC/ECSE Blended Certification Transition credits
- CDA
- CDA Renewal Coursework
- Online CDA with CSI (includes mentor/coaching)
- Technical Certificate

Check: (if applicable)

- CDA Assessment
- CDA Renewal Fees

Are you currently enrolled in a college degree program? Yes No

If you were awarded a scholarship, which college or university would you attend?

- North Idaho College
- Lewis Clark State College
- University of Idaho
- Boise State University
- College of Southern Idaho
- Idaho State University
- TVCC
- BYU Idaho
- College of Western Idaho
- Other: _____

Have you already been admitted to the above college/university? Yes No

Have you met with an advisor and registered for classes? Yes No

Which semester would you like your scholarship to start?

- Fall, Year _____
- Spring, Year _____
- Summer, Year _____

Have you paid your tuition? Yes No

What is your projected graduation date? _____

HOW DID YOU HEAR ABOUT THE SCHOLARSHIP?

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

TO BE COMPLETED BY DIRECTOR/OWNER

Program Name: _____

Owner/Director Name (please print): _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Work Phone: _____ Fax: _____

Email: _____

Total Number of Children Currently Enrolled in the Program:

Full Time: _____ Part Time: _____ Before School: _____ After School: _____

Age Groupings and Maximum Licensing Enrollment:

Infant: _____ Toddlers: _____ Preschool: _____ School-Age: _____

Classification: Center Home Group City State

Auspice: Profit Non Profit Ministry Public Head Start School Age

Regulation: Licensed: City State Certified Unlicensed ICCP

Accreditation: Yes (NAEYC or NAFCC) In process of being accredited Not accredited

License # (if applicable): _____ **(attach a copy of your facility license)**

Continue to page 5 and 6 for signatures

SIGNATURES: ACADEMIC SCHOLARSHIP ONLY

Applicant

Important Note: If only applying for CDA Assessment/Renewal Scholarship do not need signatures in this section.

Note: I am requesting financial support for college/university 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 contract 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:** _____

I agree to sign a contract and meet the following participation requirements:

1. Enroll in the IdahoSTARS Professional Development Registry.
2. Take 9-16 credits over 3 semesters or 14-26 quarter credits over 4 quarters.
3. Pay 100% of the book costs.
4. Use up to 80 hours of paid release time per year (2 hours a week suggested) while attending classes:
5. Mentor/Coach meetings may be included in this time.
6. Continue to work at this child care program during the contract year.
7. Maintain a "C" average in all coursework.
8. Follow all IdahoSTARS Academic Scholarship Policies and Procedures.

Signature: _____ **Date:** _____

Director/Owner

Important Note: If only applying for CDA Assessment/Renewal Scholarship do not need signatures in this section.

This facility agrees to sign a contract to support the applicant in the following ways:

1. Provide a written letter of recommendation for the employee.
2. Provide up to 80 hrs of paid release time (2 hrs. a week suggested) while the employee is attending class (mentor/coach meetings may be included in this) to be verified by the scholarship office through monthly release time reports submitted by the center director/owner.
3. Follow all IdahoSTARS Academic Scholarship Policies and Procedures.
4. Upon successful completion of the 3 semesters/4 quarters, this facility will award the employee a (choose one):
 - 2% raise above and beyond any other form of compensation the employee is entitled to
 - OR**
 - Apprenticeship wage increase (10% suggested, 2% minimum) above and beyond any other form of compensation the employee is entitled to.

Signature: _____ **Date:** _____

Important Note: If **Director/Owner** is not an authorized administrator then an authorized administrator will need to sign below. An "Authorized Administrator" would be the person responsible for staff wages, financial documents, and contracts.

Authorized Administrators Name (please print) _____

Authorized Administrator's Signature: _____ **Date:** _____

Authorized Administrator's Contact Number: _____

Mailing Address (if different than director/owner): _____

SIGNATURES: CDA ASSESSMENT/RENEWAL SCHOLARSHIP ONLY

Applicant

Important Note: Only sign if applying for CDA Assessment/Renewal Scholarship

Note: I am requesting financial support for college/university 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 contract requirements, I will be responsible for notifying the scholarship office and may be responsible for paying back any money spent on my behalf.

I agree to sign a contract and meet the following participation requirements:

1. Enrolled in the IdahoSTARS Professional Development Registry
2. Complete the CDA Council for Professional Development Assessment/Renewal Application Form.
3. Submit the completed Application Form to IdahoSTARS at least two weeks prior to the assessment/renewal deadline.
4. Send a copy of the CDA credential certificate to IdahoSTARS.

Signature: _____ **Date:** _____

Director/Owner

Important Note: Only sign if CDA Assessment/Renewal Scholarship

This facility agrees to sign a contract to support the applicant in the following ways:

1. Allow observation of the center employee by a representative from the CDA Council for Professional Recognition.

Signature: _____ **Date:** _____

Important Note: If **Director/Owner** is not an authorized administrator then an authorized administrator will need to sign below. An "Authorized Administrator" would be the person responsible for staff wages, financial documents, and contracts.

Authorized Administrators Name (please print) _____

Authorized Administrator's Signature: _____ **Date:** _____

Authorized Administrator's Contact Number: _____

Mailing Address(if different than director/owner): _____

REMINDERS IN SUBMITTING APPLICATION

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Remember to Attach:

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- Copy Payment Receipt (if requesting reimbursement, e.g. receipt or, cancelled check/money order stub made out to college or university.
- Copy of tuition bill and schedule (if you already registered for classes)
- Written letter of recommendation from director/owner.

THE FOLLOWING QUESTIONS ARE FOR STATISTICAL PURPOSES ONLY AND WILL NOT AFFECT SCHOLARSHIP ELIGIBILITY:

Note: Your decision to complete this section is completely voluntary.

Date of Birth: _____

Choose one:

- Single no children
- Single parent
- Single grandparent
- Married no children
- Married parent
- Married grandparent

Number in family including yourself: _____

Choose one:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino Origin
- Native Hawaiian or other Pacific Islander
- White/Caucasian
- Other (specify): _____

U.S. Military Veteran?

- Yes
- No

What is your highest level of Education:

- No High School Diploma
- High School Diploma or Equivalent
- CDA
- Technical Certificate
- Associates Degree
- Bachelors Degree
- Masters Degree
- Doctorate Degree
- Specify Name of Degree:** _____