

## COLLEGE COURSEWORK 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.
- Earn \$15.00/hours or less.

**Child Care Provider** - provide regularly scheduled direct care and/or education with children in a child care facility at least 15 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.**

### COLLEGE COURSES COVERED 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.

### SCHOLARSHIP AWARDING PROCESS

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

### 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)*
- Copy Facility License (if applicable)
- Payment receipt or College/University statement with payment information
- Grade report for the class being reimbursed

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: \_\_\_\_\_

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-Aged 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: \_\_\_\_\_

## 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: \_\_\_\_\_

## HOW DID YOU HEAR ABOUT THE SCHOLARSHIP?

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

## SIGNATURES

**Scholarship Applicant:** 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.

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

## REMINDERS IN SUBMITTING APPLICATION

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