



ACADEMIC Scholarship Application Form

IdahoSTARS * 1471 Shoreline Drive, suite 202 * Boise, ID 83702
208-345-1090 Ext.21 www.idahoaeyc.org

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

WHO IS ELIGIBLE TO RECEIVE AN ACADEMIC 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
 - Works directly with children at least 25 hrs/week or at least 1300 hours in one year
 - Earns \$15/hr or less
 - Has worked at least one year in their sponsoring program

*If you are not enrolled, Dial 2-1-1 and ask for your local CCR&R to schedule an orientation.
Scholarship applications may be requested through 2-1-1 or 800-926-2588 (ask for your local CCR&R), or www.idahoaeyc.org

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

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

First name MI Last name _____	Social Security # _____ / _____ / _____
Other names you have used: _____	Is this a new name Yes <input type="checkbox"/> No <input type="checkbox"/> Is this 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) :

<input type="checkbox"/> Birth to 12 months	<input type="checkbox"/> Toddlers 13 – 30 months	<input type="checkbox"/> Preschool 31 months to 5years
<input type="checkbox"/> 5 years old	<input type="checkbox"/> School-Age over 5 years	<input type="checkbox"/> 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 address _____ **Phone** _____

License type (Attach license) Center Home Group City State

Program type Family Home Care Center Licensed Accredited Other

SCHOLARSHIP AWARDS WILL BE MADE IN THE FOLLOWING WAYS:

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 at least one month prior to the college registration deadline or the beginning of Mentor/Coach services.

WHAT TO SEND WITH YOUR APPLICATION!

ACADEMIC SCHOLARSHIPS:

1. Submit a copy of your fully completed application.
2. 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.
3. For reimbursement of fees already paid, submit a **copy** of your **payment receipt** (e.g. receipt, cancelled check/money order stub made payable to trainer or training entity), copy of your tuition bill and schedule.
4. Copy of your facilities license.
5. Pay stub or family income worksheet.
6. If you have already registered for class please include a copy of your tuition bill and schedule.
7. Approved applicants will receive notice; and incomplete applications will be responded to with a letter stating the reason for denial and/or what additional information is required.

MENTOR/COACH SERVICES REQUEST:

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

- Check if needing a Mentor/Coach for:
- Apprenticeship: on-the-job training with academic courses
 - Help with the CDA Assessment Process
 - Performing the CDA Assessment Observation Instrument

To be Completed by Academic Scholarship Applicant:

Academic Degree Scholarships

About academic contracts:

- 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.

Degrees – please fill out the following information only when applying for an academic scholarship:

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

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

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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

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Which semester would you like your scholarship to start? Fall Spring Summer Year: 20_____.

How many credits will you take? _____ Fall _____ Winter _____ Spring _____ Summer

Have you paid your tuition? YES NO

Have you purchased books? YES NO

What is your projected graduation date? _____

The following questions are for statistical purposes only and will not affect scholarship eligibility:

Date of Birth: _____

Choose one:

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

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

Race/Ethnic Group:

- American Indian or Alaska Native
 Asian
 Black or African American
 Hispanic or Latino Origin
 Native Hawaiian or other Pacific Islander
 White/Caucasian

Specify Name of Degree:

Other(specify): _____

ACADEMIC SCHOLARSHIPS ONLY – If applying for a CDA Assessment/Renewal Scholarship please skip to page 4

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

1. Enroll in the IdahoSTARS Professional Development Registry

To Be Completed by Program Director/Owner

Program Name: _____

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

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____

Work Phone #: _____ Fax: _____ Email: _____

Total Number of Children Currently Enrolled in the Program:

Full Time _____ Part Time _____ Before School _____ After School _____ Continued on Next Page →

Age Groupings and Maximum Licensing Enrollment:

Infant _____ Toddlers _____ Preschool _____ School Age _____

Classification: Center Group Family Home

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 #: _____ **(ATTACH A COPY OF YOUR FACILITY LICENSE)**

Academic Scholarships Only – If scholar/employee is applying for a CDA Assessment Scholarship Please See Next Section

This facility agrees to sign a contract to support the employee 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.

Employer Signature: _____

Date: _____

Please complete this section if applying for a CDA Assessment/Renewal Scholarship. If not then proceed to the next page.

CDA ASSESSMENT/RENEWAL SCHOLARSHIP ONLY (To be completed by Applicant) - I agree to sign a contract and meet these 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.

CDA Assessment Scholarship Applicant _____

Date _____

CDA ASSESSMENT/RENEWAL SCHOLARSHIP ONLY (To be completed by Director/Owner) - this facility agrees to support the employee in the following ways:

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

Employer Signature: _____

Date: _____

How did you hear about the scholarship?

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

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
 Written letter of recommendation from director/owner.
 One page description of your long and short term professional development goals with explanation of how receiving a scholarship will help you to achieve them.

ALL SCHOLARSHIP APPLICANTS: 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:** _____

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
Fax: 208-345-6569