



IdahoSTARS – Idaho State Training and Registry System

ASSESSMENT

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 AN ASSESSMENT SCHOLARSHIP?

Anyone enrolled in the IdahoSTARS Professional Development Registry (PDS). Applicants must also meet the following:

- Facility director/owner must be enrolled in IdahoSTARS (does NOT have to be eligible for incentives)
- Lead Teacher/Primary Caregiver in each classroom receiving an assessment must be enrolled in IdahoSTARS and MUST be eligible for incentives

ASSESSMENTS ARE AVAILABLE TO ELIGIBLE APPLICANTS ON A FIRST COME, FIRST SERVED BASIS AS LONG AS FUNDING IS AVAILABLE, AND ELIGIBILITY REQUIREMENTS ARE MET.

WHAT IS COVERED BY A SCHOLARSHIP?

A variety of different assessments can be requested after the participant's initial enrollment in IdahoSTARS. A list of possible assessments is included on the next page. For more information on assessments, please see the IdahoSTARS website at www.idahostars.org.

ASSESSMENT SCHOLARSHIP AWARDS WILL BE MADE IN THE FOLLOWING WAY:

IdahoSTARS approved assessors will receive payment on the recipient's behalf for the chosen assessment.

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

First name _____ MI _____ Last name _____	Other names you have used: _____
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)

- | | | |
|---|--|---|
| <input type="checkbox"/> Birth to 12 months | <input type="checkbox"/> Toddlers 13 – 30 months | <input type="checkbox"/> Preschool 31 months to 5 years |
| <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** _____

Name of classroom you work in _____

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

ASSESSMENT REQUEST:***Type of Assessment?***

- Program Administration Scale
 Classroom Assessment Scoring System (CLASS) – *includes mentor coaching*
 Environment Rating Scale (choose one below): *includes optional mentor coaching*
 Early Childhood Environment Rating Scale - Revised (ECERS-R)
 Infant Toddler Environment Rating Scale – Revised (ITERS-R)
 School Age Care Environment Rating Scale (SACERS)
 Family Child Care Environment Rating Scale – Revised (FCCERS-R)
 Other: _____

Would you like a mentor/coach to help you with the Assessment Process? Yes No

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 application signed by both director and lead teacher

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 Lead Classroom Teacher must sign!

Program Director/Owner of Program Requesting Assessment: I am requesting financial support for an IdahoSTARS assessment. 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:** _____

Lead Teacher of Classroom Requesting Assessment: I'm requesting financial support for an IdahoSTARS assessment. 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