



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](http://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.)

<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 5 years  
 5 years old   
  School-Age over 5 years   
  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**