



IdahoSTARS – Idaho State Training and Registry System

TRAINING 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 A TRAINING 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,
- (For child care workers) regularly scheduled to work directly with children in a classroom setting at least 15 hrs/week or 780 hours in one year,
- (For child care Directors) regularly scheduled to work directly in the facility with children, staff, and parents a minimum of 30 hours/week or 1,560 in one year,
- Earns \$15/hr or less.

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

WHAT TRAINING CAN BE COVERED BY A SCHOLARSHIP?

IdahoSTARS approved training, workshop, or conference in *Early Care and Education Core Knowledge Components* completed after the participant's initial enrollment in IdahoSTARS. Approved trainings are listed online at the IdahoSTARS website <http://www.idahostars.org>.

SCHOLARSHIP AWARDS WILL BE MADE IN THE FOLLOWING WAYS:

Reimbursement Scholarships are a reimbursement to applicants for registration fees already paid for a workshop or course that is approved by IdahoSTARS and was completed after IdahoSTARS enrollment. Reimbursement requests must be made within 90 days of taking training.

Direct Payment Scholarships are a direct payment to the trainer or training facility for a training that has not yet been taken but has been registered for by the scholarship applicant. This form must be submitted two weeks before the training date.

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

First name _____	MI _____	Last name _____	Other names you have used: _____
Is the name above 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** _____

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

TRAINING REQUEST: Training in *Early Care and Education Core Knowledge Components* (check one)

- Training
 Workshop
 Conference
 GED Testing (Reimbursement Only)
 Other

Training title: _____

Trainer/organization: _____

Contact phone of trainer/organization: _____

Training start date: _____ Training end date: _____

Registration cost: _____ Training materials costs: _____

Type of materials: _____

Total amount of scholarship request: _____

****Travel, lodging, and expenses such as lunch can not be covered by IdahoSTARS scholarships.****

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*
- If requesting payment to be made ahead of training date: Training Registration Form*
- If requesting reimbursement: Payment Receipt (e.g. receipt or, cancelled check/ money order stub made out to trainer or training entity)*
- If requesting reimbursement: Certificate of Completion (e.g. Certificate, grade report, or transcript)*
- A completed and signed application*

How did you hear about the scholarship?

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

ALL SCHOLARSHIP APPLICANTS: I am requesting financial support for IdahoSTARS training. 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 training 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**