Alabama Community College System Alabama Department of Human Resources

Leadership in Child Care Scholarship Application

This scholarship provides financial assistance (tuition and selected fees) to qualified child care professionals working in child care centers/programs, and family and group homes to obtain a Child Development Associate (CDA) Credential, Short-Term Certificate, Certificate, or Associate in Applied Science/Technology Degree in Child Development/Early Care and Education studies. Scholarship recipients must reside and work in Alabama. Applicants must apply for college admission and are encouraged to apply for financial aid prior to submitting this application. This application must be mailed to and received by the Alabama Community College System no later than June 1st for Fall Semester enrollment and no later than September 1st for Spring and Summer Semester enrollment.

Please print legibly

PERSONAL DATA: Verification of residency must be submitted with this application. (See page 7 for

acceptable forms of verification.) Name: _____ Middle Last Physical/Home Address: Zip City State Mailing Address if different from above: _____ City State Zip County in which you live: Telephone: (Home) ______(Work) _____(Cell)_____ E-mail Address: Social Security #: _____

acceptable forms of verification.)	oymeni musi ve suvmuieu wun	inis application. (See page 1 jo
Are you currently working in a child care	e program? () Yes	() No
How long have you worked in child care?		
Current Employer:		
Employer Address:		
	Street Address	
City	State	Zip
County in which you work:	() Licensed	() Licensed-Exempt
Type of child care provider (check one): Job Title:		() Home Provider
Dates of Employment: (From)		
Age groups that you teach:		
Job Duties:		
Previous Employer:		
City	Sta	te
	() Center Provider	() Home Provider
Dates of Employment: (From)	(To)	
Age groups that you taught:		
Job Duties:		

Previous Employer:				
		City		State
Type of child care provider (ch	neck one):	-	er Provider	() Home Provider
Job Title:				
Dates of Employment: (From)			(To)	
Age groups that you taught:				
Job Duties:				
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EDUCATION: List last high school attended, major or area of study, and			•	f GED. List all colleges
Name of High School or GED	Ci	ty/State		Date Completed
Name of College	City/Sta	ite	Major	Date Completed
EDUCAT	IONAL GO	OALS AND	O COMMITM	<u>IENT</u>
Duiofly describe why you woul	d liles to fry	uth ou vous	advection in (Child Davidanment/Fordy
Briefly describe why you would Care and Education studies:	a like to tu	rtner your	education in C	onlid Development/Early
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Briefly describe		-			
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Briefly describe	why you shoul	ld receive th	is scholarship:		
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ACADEMIC/FINANCIAL INFORMATION Have you been accepted at a 2-year college? () Yes () No
Are you currently enrolled at a 2-year college? () Yes () No
If currently enrolled, name of college currently attending:
If currently enrolled, cumulative/overall Grade Point Average:
Total number of semester credit hours completed in Child Development:
What two-year college will you attend should you be selected to receive a Leadership in Child Care Scholarship?
Semester you wish to begin using the Scholarship: () Fall () Spring () Summer
Indicate the number of credit hours you anticipate taking per Semester: Hours
Part-time students (fewer than 12 semester credit hours) and full-time students (12 or more semester credit hours) are considered equally.
Are you currently receiving other scholarship(s)? () Yes () No
If currently receiving scholarship(s), which scholarship(s) are you receiving?
What is/will be your major?
Which of the following do you wish to obtain? (Check all that apply.) CDA Credential Short Certificate Certificate A.A.S. Degree A.A.T. Degree
You will need to consult with the advising staff at the two-year college to help you determine if you want to pursue the CDA Credential, Short Certificate, Certificate, A.A.S. or A.A.T. degree. An A.A.S. or A.A.T. degree must be obtained before you are eligible for transitional coursework to attend Athens State University.
When is/was your appointment to consult with advising staff at the two-year college?
My appointment (is/was) on Date of Appointment
at
Name of College Will meet/met with
Will meet/met with Signature of College Advisor
Printed Name of College Advisor

5

LEADERSHIP IN CHILD CARE SCHOLARSHIP APPLICATION DECLARATION

Please read carefully before signing.

I certify, understand, and agree to the following:

- I certify that the information provided on this form is true.
- I certify that I currently reside in the state of Alabama and that I am currently employed in Child Care.
- I will commit to taking the required Child Development courses should I receive the Leadership in Child Care Scholarship.
- I understand that I will become ineligible for the Scholarship the semester following any semester that I withdraw from a class(es) or the college unless granted a waiver by ACCS. I understand that I must reapply for the Scholarship to become eligible again.
- I understand that I will become ineligible for the Scholarship the semester following any semester for which my semester/term cumulative Grade Point Average is below 2.0. I understand that I must reapply for the Scholarship to become eligible again.
- I will participate in telephone interviews and written surveys to gather information regarding this Scholarship and my employment status.
- I grant permission for this form to be used in gathering data related to improving the quality of child care.
- I agree to have my name and city of residence listed in any documents pertaining to the Leadership in Child Care Scholarship Program.
- I agree to obtain admission to the applicable institution and be responsible for purchasing the required texts.
- I understand that my application will be rated based on the content and completeness of the application.
- I grant permission to the college to release to the Alabama Community College System and the Alabama Department of Human Resources information concerning my academic records and financial aid eligibility.
- I understand that funding for this Scholarship Program is dependent on continuous funding from the Alabama Department of Human Resources.

I hereby confirm that all the information supplied on this application is complete and accurate. I understand that withholding requested information and/or giving false information will make me ineligible for the Scholarship.

Applicant's Signature:	Date:	

IMPORTANT: Applicants should make and keep a copy of their completed application and verifications of residency and employment before mailing this information to ACCS.

Mail application with verifications of residency and employment to the address listed below:

Alabama Community College System Leadership in Child Care Scholarship Post Office Box 302130 Montgomery, AL 36130-2130 (334) 293-4552 - Telephone

Alabama Community College System Alabama Department of Human Resources Leadership in Child Care Scholarship

Supplemental Application Information

ACCEPTABLE FORMS OF EMPLOYMENT AND RESIDENCE VERIFICATION

ACCEPTABLE EMPLOYMENT VERIFICATION

- Center Directors and Owners Submit copy of current <u>Day Care License</u>.
- Exempt Church Center Directors Submit copy of current <u>Exemption Letter</u>.
- Family and Group Home Providers Submit copy of current <u>Day Care License.</u>
- **Directors** Submit copy of a current letter on employer's letterhead stating applicant's **Job Title**, **Dates of Employment**, and **Age Groups** taught by applicant. Letter should be signed by employer's authorized official.
- **Teachers/Assistants/Aides** Submit copy of a current letter on employer's letterhead stating applicant's **Job Title**, **Dates of Employment**, and **Age Groups** taught by applicant. Letter should be signed by director or employer's authorized official.

ACCEPTABLE RESIDENCE VERIFICATION (Submit one of the following):

- Copy of driver's license with current **Residential/Home** address.
- Copy of current utility bill that shows **Residential/Home** address.
- Copy of lease that shows the current **Residential/Home** address.

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