

EMPLOYMENT: *Verification of current employment must be submitted with this application. (See page 7 for acceptable forms of verification.)*

Are you currently working in a child care 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*): Center Provider Home Provider

Job Title: _____

Dates of Employment: (From) _____ (To) _____

Age groups that you teach: _____

Job Duties: _____

Previous Employer: _____

City

State

Type of child care provider (*check one*): Center Provider Home Provider

Job Title: _____

Dates of Employment: (From) _____ (To) _____

Age groups that you taught: _____

Job Duties: _____

Previous Employer: _____

_____ City

_____ State

Type of child care provider (check one): **Center Provider** **Home Provider**

Job Title: _____

Dates of Employment: (From) _____ **(To)** _____

Age groups that you taught: _____

Job Duties: _____

EDUCATION BACKGROUND

EDUCATION: *List last high school attended and date of graduation or date of GED. List all colleges attended, major or area of study, and graduation/completion date (if applicable).*

Name of High School or GED **City/State** **Date Completed**

Name of College **City/State** **Major** **Date Completed**

EDUCATIONAL GOALS AND COMMITMENT

Briefly describe why you would like to further your education in Child Development/Early Care and Education studies:

Briefly describe why you chose to pursue a career in child care:

Briefly describe why you should receive this scholarship:

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 **Day Care License**.
- **Exempt Church Center Directors** – Submit copy of current **Exemption Letter**.
- **Family and Group Home Providers** – Submit copy of current **Day Care License**.
- **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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