

# Scholarship Application

Request for Program Quality Initiatives Funds

**MISSION:** To provide leadership for enhancement of school readiness programs.

## **Eligibility**

*Teacher education is a key factor affecting child outcomes. The Early Learning Coalition of Alachua County, Inc. (ELCAC) supports ongoing teacher education by allocating Quality Initiative Funds to be used as supplemental scholarships on a first-come, first-served basis and based on funds available. Applications will be accepted year round. (Other restrictions may apply.)*

- Applicants must be employed by an Alachua County child care center or family child care home that contracts to participate in the School Readiness Program and is in good standing with ELCAC.
- Applicants must also submit evidence of having applied for a TEACH Scholarship, and having been rejected or placed on a wait list.

## **Allowable requests**

- CDA Preparation
- Directors' Credential
- Classes in early childhood/child development leading to an AS or BS in the field
- Verification fees for National CDA

Note: Only ELCAC-approved courses are eligible for funding. See Section 2 for a list of programs approved for scholarship funding with ELCAC.

## **Format of Proposal**

- The application must be filled out completely. Requested documentation must be attached.
- Incomplete applications will be returned for completion.

## **Distribution of Funds**

- The Early Learning Coalition will either pay tuition allocations directly to the college or training program or reimburse the allocated amount directly to the student after receiving original receipt of payment. (W-9 required)

## **Eligible Expenses**

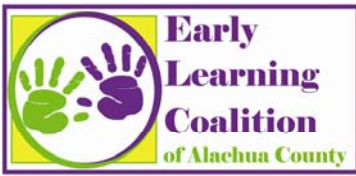
- Eligible expenses include tuition, books, and associated fees. Division of responsibility for eligible expenses is as follows:

<b>FACILITY TYPE</b>	<b>ELCAC</b>	<b>STUDENT</b>	<b>EMPLOYER</b>
Child Care Center Staff	70%	10%	20%
Family Child Care Providers	80%	20%	N/A

*Note: If an employer does not elect to participate, the student may assume 30% of the cost with ELCAC responsibility remaining at 70%. Agreements between students and employers are individual and not the responsibility of ELCAC.*

## **Agreement of Responsibility**

Applicants who are awarded scholarship funds agree to provide a copy of the certificate of completion (or college transcript) for funded studies to the Training Coordinator within one month of end date. *Scholarship recipients who fail to provide documentation of successful course completion will be ineligible for future Quality Initiative programs including TPDI stipends, Conference Participation Awards and scholarships.*



# Scholarship Application

Please answer all questions completely. Mark N/A for any which do not apply  
Only complete applications will be considered.

## Section 1: Applicant Information (please print)

Applicant Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Name of center or family childcare home where applicant is employed:  
\_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

## Section 2: Course/Credential Information (check all that apply)

**CDA**  
 CDEA Online Course     SFC Course     Council for Professional Recognition (exam fee)

**Director's Credential**  
 SFC     CDEA     FACCM

**College Degree**  
 AS/AA (Child Development/Early Childhood Education) at SFC  
 BS (Early Childhood Education) at UF

## Section 3: College or Training Program Information

Name of Program \_\_\_\_\_ Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Program Web Site \_\_\_\_\_

Tuition or Fees \$ \_\_\_\_\_ Start Date \_\_\_\_\_ Anticipated Completion Date\*: \_\_\_\_\_

**\*You must submit documentation of completion within one month of end date. Failure to provide evidence of successful completion will result in ineligibility in QI, including but not limited to TPDI, scholarships, and CPA.**

**Amount Requested \$** \_\_\_\_\_

### **Attach the following to your application**

- Documentation of the cost of the course or training requested:
- A statement verifying your employment, *on letterhead*, signed and dated by your director.
- IRS form W-9

### **Mail or fax the complete packet to:**

The Early Learning Coalition of Alachua County, Inc.  
4424 NW 13<sup>th</sup> Street, A-5,    Gainesville, FL 32609    Attn: Training Coordinator  
FAX (352)335-1429    Attn: Training Coordinator

Applicant Signature: \_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_