

## MENTOR/COACHING Scholarship Application Form

IdahoSTARS ★ 1471 Shoreline Drive, suite 202 ★ Boise, ID 83702 or Call the 2-1-1 Idaho CareLine by dialing 2-1-1 or 1-800-926-2588

### ELIGIBILITY

#### To Be Eligible For Scholarship You Must:

- Be Enrolled in IdahoSTARS Professional Development Systems Registry
- Work in a child care setting that cares for children while parent(s) or guardian(s) work or attend training
- Work in a program that operates full time.
- Earn \$15.00/hours or less.

**Child Care Provider** - provide regularly scheduled direct care and/or education with children in a child care facility at least 15 hrs/wk or 780 hrs/yr.

**Directors/Owners** - be regularly scheduled to work directly in the facility with children, staff or parents a minimum of 30 hours/wk

**Important Note:** Scholarships are available to eligible applicants on a **first come, first served basis as long as funding is available.**

### PROJECTS COVERED BY A MENTOR/COACHING SCHOLARSHIP

After initial enrollment in IdahoSTARS, mentor/coaching is available for a variety of different projects. A list of possible service projects is included on page 3 of this application. For more information on mentor/coaching, please visit the IdahoSTARS website at [www.idahostars.org](http://www.idahostars.org).

### SCHOLARSHIP AWARDING PROCESS

Once the mentor/coaching agreement has been signed by both parties, and has been approved and returned by the IdahoSTARS Mentor/Coaching office, the IdahoSTARS approved mentor/coaches will receive payment on behalf of the scholarship recipient.

### SUBMITTING APPLICATION

#### Mail Application and Supporting Documentation to:

IdahoSTARS  
Attn: Scholarship Office  
1471 Shoreline Drive, Suite 202  
Boise, Idaho 83702-9105  
Fax: 208-345-6569

#### You Will Need to Attach:

- Current Pay Stub (*if child care provider*)
- Income Worksheet (*if director/owner*)
- Copy Facility License (if applicable)

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.*

## MENTOR/COACHING Scholarship Application Form

### APPLICATION INFORMATION

Name: \_\_\_\_\_ change of name?  Yes  No

**Note:** If name has changed you must send in a **copy of social security card in your current legal name and W9 Form.**

Other names you have used: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_ change of address?  Yes  No

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Idaho AEYC member?  Yes  No

Membership in Early Childhood Professional Organization(s)?  Yes  No

(If yes, list organization and give member number) \_\_\_\_\_

### EMPLOYMENT INFORMATION

Place of Employment: \_\_\_\_\_

Employment mailing address: \_\_\_\_\_ Phone: \_\_\_\_\_

Beginning Date of Employment: \_\_\_\_\_ Current position: \_\_\_\_\_

Number of hours worked per week: \_\_\_\_\_ Number of hours worked per year: \_\_\_\_\_

Current Hourly Wage: \_\_\_\_\_

**Note:** If you are a **Child Care Provider** must submit current pay stub.

If you are a **Director/Owner** must submit Income Worksheet.

Age Range(s) and Programs: (check all ages you directly work with)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Birth to 12 months | <input type="checkbox"/> Toddlers 13-30 months   | <input type="checkbox"/> Preschool 31 months |
| <input type="checkbox"/> 5 years            | <input type="checkbox"/> School-Age over 5 years | <input type="checkbox"/> All Ages            |

License type: (attach license)  Center  Home  Group  City  State

Program type:  Family Home Care  Center  Licensed  Accredited  
 Other: \_\_\_\_\_

**MENTOR/COACHING POSSIBLE SERVICE PROJECTS**

**Individual Projects:**

- |   |  |
|---|--|
| <input type="checkbox"/> Create/improve business plan                                     | <input type="checkbox"/> Improve developmentally appropriate practices |
| <input type="checkbox"/> Improve scores on environment assessment                         | <input type="checkbox"/> Facilitate social & emotional development     |
| <input type="checkbox"/> Mentor to help with accreditation process                        | <input type="checkbox"/> Support with specialization certificate       |
| <input type="checkbox"/> National Association of Family Child Care (NAFCC)                |  |
| <input type="checkbox"/> National Association for the Education of Young Children (NAEYC) |  |

Other: \_\_\_\_\_

Specific number of visits needed to complete project: *(10 or fewer recommended)* \_\_\_\_\_

Name of IdahoSTARS Approved Mentor with whom you would like to work (if known): \_\_\_\_\_

**U.S. Department of Labor Apprenticeship:**

- Two year apprenticeship while working towards a degree in Early Childhood.

School Attending: \_\_\_\_\_ When will you start class: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT THE SCHOLARSHIP?**

- |                                       |                                     |  |   |   |
|---------------------------------------|-------------------------------------|--|---|---|
| <input type="checkbox"/> Presentation | <input type="checkbox"/> Mailing    | <input type="checkbox"/> CCR&R Agency    | <input type="checkbox"/> Idaho AEYC Website | <input type="checkbox"/> IdahoSTARS Website |
| <input type="checkbox"/> Co-worker    | <input type="checkbox"/> Instructor | <input type="checkbox"/> Center Director | <input type="checkbox"/> Other: _____       |   |

**SIGNATURES**

**Important Note:** Both director/owner and applicant requesting a mentor/coach must sign:

**Director/Owner of Program Requesting Mentor/Coaching:** I am requesting financial support for an IdahoSTARS mentor/coach. 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 mentoring 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:** \_\_\_\_\_

**Applicant Requesting Mentor/Coach:** I am requesting financial support for an IdahoSTARS mentor/coach. 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 mentoring 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:** \_\_\_\_\_

**REMINDERS IN SUBMITTING APPLICATION**

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