

Academic Scholarship Application Form

ELIGIBILITY

To Be Eligible For Scholarship You Must:

- Be Enrolled in IdahoSTARS Professional Development Systems Registry
- Work or own a child care program, in Idaho, designed to care for children while parent(s) or guardian(s) work or attend school
- Work or own a child care program, in Idaho, with operating hours that extend beyond a preschool only or academic (K-6th grade) school day
- If a center employee: complete a minimum of one year employment in a sponsoring child care program prior to applying. (**Note:** *Your sponsoring program is usually your place of employment*)
- If a family childcare owner: Child care program must be in operation for one year prior to applying for scholarship.
- Work with children, staff, and parents a minimum of 25 hrs/week or 1300 hrs/year
- Work in a city or state licensed facility

ACADEMIC SCHOLARSHIP AWARDING PROCESS

Step 1: Submit the Academic Scholarship application and the following required documents to the IdahoSTARS Scholarship Office.

- 1) A written letter of recommendation from director/owner
- 2) Copy of center license
- 3) Copy of current paystub

MAIL, FAX OR E-MAIL COMPLETED APPLICATION TO:

Idaho Association for the Education of Young Children
Attn: IdahoSTARS Project Scholarship Office
4355 W Emerald, Ste 250
Boise, ID 83706
Fax: 208-345-6569
Email: AcademicScholarships@idahoaeyc.org

Step 2: Upon acceptance, IdahoSTARS will send a letter and contract to the applicant confirming that the scholarship will be approved upon contract signing.

Step 3: The applicant and the applicant's sponsoring center sign the contract and mail or fax it to the IdahoSTARS Scholarship Office.

Step 4: Scholar enrolls in 9-16 semester credits or 14- 26 quarter credits over one year toward a CDA, Technical Certificate, Associate, or Bachelor's degree in Early Childhood.

Step 5: The IdahoSTARS project pays the school directly for tuition.

Academic Scholarship Application Form

Name: _____ Change of name? Yes No
(If your name has changed, please print the "Change of Contact Information Form" found on the IdahoSTARS website www.idahostars.org, and submit the form and supporting documents with this application.)

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

If not a member of Idaho AEYC, do you have a membership in a different Early Childhood Professional Organization (please note that IdahoSTARS does not qualify as a membership organization)? Yes No
(If yes, list organization and give member number) _____

CURRENT EMPLOYER:

Name of Facility: _____

Mailing address: _____

City: _____ State: _____ Zip Code: _____ County: _____

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

- Birth to 12 months Toddlers: 13-30 months Preschool: 31 months to 5 years
 School Age: 5-6 years School Age: 6-12 years All Ages

Total Number of Children Currently Enrolled in the Program: _____

Child Care Facility Is: State Licensed Yes No

City Licensed: Yes No (please attach license to application)

Please Check All That Apply; Child Care Facility Is:

An Idaho Child Care Provider (ICCP): Yes No

NAEYC/NAFCC Accredited: Yes No

QRIS Participating Program: Yes No



IF CENTER EMPLOYEE:

Number of hours working with children, parents and staff per week: _____

Current Hourly Wage: _____

Current Position: Assistant Teacher Lead Teacher Assistant Director Director

Beginning Date of Employment: _____

Owner/Director Name: _____ Owner/Director Email: _____

IF FAMILY CHILDCARE OWNER:

Number of hours working with children, parents and staff per week: _____

Monthly Income: _____ Date Facility Opened: _____

SCHOLARSHIP REQUEST:

If awarded a scholarship, which degree would you pursue: (check one)

- Bachelor Associate Technical Certificate
- CDA CDA Renewal Coursework

Are you currently enrolled in a college degree program? Yes No

If awarded a scholarship, which college or university would you attend?

- North Idaho College Lewis Clark State College University of Idaho Boise State University
- College of Southern Idaho Idaho State University TVCC BYU Idaho
- College of Western Idaho Other _____

Have you already been admitted to the above college/university Yes No

Have you met with an advisor and registered for classes? Yes No

Have you paid your tuition? Yes No

What is your projected graduation date? _____

What is your highest level of education achieved:

- No High School Diploma High School Diploma/GED CDA Technical Certificate
- Associate Degree Bachelor Degree Master Degree Doctorate Degree



PROFESSIONAL GOALS

Please describe your short term professional goals:

Please describe your long term professional goals:

Please describe how an Academic Scholarship will help you achieve both your short and long term professional goals:

***Please attach a letter of recommendation from your director/owner to this application.**

APPLICANT CONSENT

I am requesting financial support for an academic scholarship to pursue an early childhood education degree. I certify that the information I have given on this application to be true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

DIRECTOR/OWNER CONSENT

This facility agrees to sign a contract to support the applicant in the following ways:

1. Provide a written letter of recommendation for the employee.
2. Provide up to 80 hours of paid release time (2 hours a week suggested) while the employee is attending class to be verified by the scholarship office through monthly release time reports submitted by the center director/owner.
3. Follow all IdahoSTARS Academic Scholarship Policies and Procedures.
4. Upon successful completion of the 3 semesters/4 quarters, this facility will award the employee a 2% raise.

Signature: _____ **Date:** _____

Important Note: If **Director/Owner** is not an authorized administrator then an authorized administrator will need to sign below. An "Authorized Administrator" would be the person responsible for staff wages, financial documents, and contracts.

Authorized Administrators Name (please print) _____

Authorized Administrator's Signature: _____ **Date:** _____

Authorized Administrator's Contact Number: _____

Mailing Address (if different than director/owner): _____

