

College Coursework Scholarship Application Form

ELIGIBILITY

To Be Eligible For Scholarship You Must:

- Be enrolled in IdahoSTARS Professional Development Systems Registry
- Work in a child care program in Idaho designed to care for children while parents work or attend school
- Work in a child care program with operating hours that extend beyond a preschool only or academic (K-6th grade) school day
- Work with children, staff and parents a minimum of 15 hours a week or 780 hours a year.
- Must have worked in current child care facility for a minimum of one year prior to requesting scholarship.

COLLEGE COURSES COVERED BY SCHOLARSHIP

A single college course offered for college credit at an accredited Idaho state college or university. Course must be in early childhood education, related field, or used to increase quality practice. Scholarships cover tuition owed by the student. Scholarships do not cover enrollment fees, activity fees, parking or books, etc.

SCHOLARSHIP AWARD PROCESS

Step 1: Complete Scholarship Application

Step 2: Submit the College Coursework Application, Course Schedule and Tuition Bill to the IdahoSTARS Scholarship Office:

MAIL, FAX, SCAN 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 3: Upon acceptance, IdahoSTARS will send a letter confirming that the scholarship has been approved.

Step 4: The IdahoSTARS project pays the school directly for tuition.

Step 5: Scholarship recipient completes class and submits final grade to Scholarship Office.

PLEASE NOTE: College or university enrollment fees, activity fees, parking or books are not able to be paid with this scholarship. All scholarship awards are contingent on funding availability, eligibility requirements, and history of past participation. In the event that scholarship funding is not available or there is an overabundance of applicant's, scholars may be placed on a waitlist. Application completion, date it was received, and school choice will determine the order of applicants picked from the waiting list. Applications can be submitted once an academic school year.

College Coursework 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: _____

What is your highest level of education achieved:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> No High School Diploma | <input type="checkbox"/> High School Diploma/GED | <input type="checkbox"/> CDA | <input type="checkbox"/> Technical Certificate |
| <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Bachelor Degree | <input type="checkbox"/> Master Degree | <input type="checkbox"/> Doctorate Degree |

CURRENT EMPLOYMENT

Name of Facility: _____

Mailing Address: _____

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

Owner/Director Name: _____

Total Number of Children Currently Enrolled in the Program: _____

Child Care Facility Is: State Licensed ☐ Yes ☐ No City Licensed: ☐ Yes ☐ No

Please Check All That Apply; Child Care Facility Is:

An Idaho Child Care Program 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: _____

IF FAMILY CHILDCARE OWNER:

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

Date Facility Opened: _____

Change of employment? ☐ Yes ☐ No

(If your place of employment has changed, please print the "Change of Employment Form" found on the IdahoSTARS website www.idahostars.org, and submit the form and supporting documents with this application.)

COLLEGE COURSEWORK REQUEST

Course Name: _____

Name of College or University: _____

Course Number: _____

Number of credits: _____

Tuition cost: \$ _____

Have you attached your class schedule?: ☐ Yes ☐ No

Have you attached your tuition bill?: ☐ Yes ☐ No

*Please explain how this course will improve quality practice in your program or classroom (50 words minimum):

APPLICANT CONSENT

I am requesting financial support for college coursework. I certify that the information I have given on this application to be true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____