Training Scholarship Application Form

ELIGIBILITY

To be eligible for scholarship you must meet the following requirements:

- Be enrolled in IdahoSTARS Professional Development Systems Registry
- Work in a Idaho child care program designed to care for children while parents work or attend school
- Work in a Idaho 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.

TRAININGS COVERED BY A SCHOLARSHIP

IdahoSTARS approved trainings, workshops, or conferences can be covered by this scholarship. Approved trainings are listed online at the IdahoSTARS website at www.idahostars.org.

TRAINING SCHOLARSHIP AWARD PROCESS

Step 1: Register for an IdahoSTARS approved training on the IdahoSTARS website at www.idahostars.org. If requesting a scholarship for a workshop or conference, please include information on Training Scholarship Application.

PLEASE NOTE: If requesting Care Courses, only 2 courses may be ordered at one time.

Step 2: Submit Training Scholarship Application three business weeks before the training date to IdahoSTARS Scholarship Office:

MAIL, FAX, OR SCAN AND 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:** TrainingScholarships@idahoaeyc.org

Step 3: IdahoSTARS Scholarship Office will email the applicant confirming that the scholarship was approved.

Step 4: IdahoSTARS Scholarship Office will notify the trainer that a scholarship was awarded.

Step 5: Applicant attends IdahoSTARS approved training and signs-in on the attendance sheet.

REIMBURSEMENT TRAINING SCHOLARSHIP AWARD PROCESS

Step 1: Attend and pay for an IdahoSTARS approved training, workshop or conference.

Step 2: Submit training scholarship application, payment receipt, and completion certificate within 90 days of taking training to IdahoSTARS Scholarship Office. Accepted payment receipts include: training receipt, cancelled check, or money order stub made out to the trainer/training. Accepted completion certificates include: training completion certificate, training log, or transcript.

MAIL, FAX, OR SCAN AND 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:** mwaylan@idahoaeyc.org

Step 3: IdahoSTARS Scholarship Office will reimburse applicant.

PLEASE NOTE: Late fees, travel, lodging, and expenses such as lunch cannot be covered by IdahoSTARS scholarships.

4355 W. Emerald St., Ste 250
Boise, ID 83706
www.idahostars.org

IDAHO STARS

2-1-1 Idaho Careline
1-800-926-2588
Fax: 208-345-6569

Training 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:_____

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

CURRENT EMPLOYER

Name of Facility: _____

Mailing address: _____
Work Phone Number:_____ change of employment? ☐ Yes ☐ No
(If your place of employment has changed, please print the "Employment Verification Form" found on the IdahoSTARS website www.idahostars.org, and submit the form and supporting documents with this application.)

TRAINING OR REIMBURSEMENT SCHOLARSHIP REQUEST

☐ Training   ☐ Webinar   ☐ Conference   ☐ Book/Distance Learning

Training title:_____

Trainer/organization: _____

Contact phone of trainer/organization: _____

Training start date: _____   Training end date:_____

Registration cost: $_____   Training materials cost: $ _____

Total amount of scholarship request: $_____

APPLICANT CONSENT

I am requesting financial support for professional development. 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**: _____

For Scholarship Office Use Only	
NW#:	Budget Left: $
PDS:	Scholarship Paid: $
Category:	Provider Paid: $
Conf. #:	Note: