



# WV STARS Pathway Advancement Scholarship Degree Completion Application



### Instructions:

Please complete this application electronically, or by neatly printing using black or blue ink.

Submit the completed application with required documentation (\*see list below) to WVECTCR:

\*Required attachments:

- scholarship award letter from semester of degree completion
- college transcript(s) indicating degree completion

**Mail:** Scholarship 611 7<sup>th</sup> Avenue, Suite 322 Huntington, WV 25701

**Email:** [scholarship@rvcds.org](mailto:scholarship@rvcds.org) subject line: scholarship

**Phone:** 304-522-7827

**Fax:** 304-529-2535 attn: scholarship

### Applicant Information:

Name (First, MI, Last):		Previous Last Name:	
Mailing Address:		Apt/Suite/Unit:	
City/State/Zip Code:		County:	
Daytime Phone #:	Work Phone #:	Email:	
DOB (MM/DD/YYYY)	Gender (M/F):	SSN (last 5):	
WV STARS Registry #	Career Pathway Level:		

### Employer Information:

Current Employer: (program name)			
Mailing Address:		Apt/Suite/Unit:	
City/State/Zip Code:		County:	
Employer Phone #:	Director Name:		
Director Email:	Auspice:		<input type="checkbox"/> Profit <input type="checkbox"/> Non-profit
License Number:	License Expiration Date:		
Type of Program:	<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Child Care Facility	<input type="checkbox"/> Family Child Care Home

### Employment Information: ONLY COMPLETE IF THIS INFORMATION HAS CHANGED FOR YOU

Current Job Title:	<input type="checkbox"/> <b>Administrator</b> (Owner, Director)	<input type="checkbox"/> <b>Assistant Teacher</b> (Teacher's Aide, Teaching Assistant)
	<input type="checkbox"/> <b>Family Child Care Provider</b>	<input type="checkbox"/> <b>Teacher</b> (Lead Teacher, Co-Teacher, Head Teacher)
What Age Groups Do You Teach? (Check all that apply)	<input type="checkbox"/> <b>Infants</b> (0-12 Months)	<input type="checkbox"/> <b>Toddler</b> (13-36 Months)
	<input type="checkbox"/> <b>Preschool</b> (37 Months – PreK)	<input type="checkbox"/> <b>School Age</b>
Hire/Start Date: (MM/DD/YYYY)	Current Hourly Wage:	
Number of Hours Paid To Work Per Week:	Number of Months Paid To Work Per Year:	

Degree Completion Information:				
<b>Which College did you graduate from?</b> (please attach a copy of your official transcripts indicating date degree awarded)	<b>Associate Degree Early Childhood Education Programs</b>			
	<input type="checkbox"/> BridgeValley CTC	<input type="checkbox"/> Eastern WV CTC	<input type="checkbox"/> Mountwest CTC	<input type="checkbox"/> Pierpont CTC
	<input type="checkbox"/> Southern WV CTC	<input type="checkbox"/> WV Northern CC	<input type="checkbox"/> WVU - Parkersburg	<input type="checkbox"/> Potomac State College
	<b>Bachelor's Degree Early Childhood Education Programs</b>			
	<input type="checkbox"/> Concord University	<input type="checkbox"/> Glenville State College (pre-k add on to elementary ed only)	<input type="checkbox"/> Marshall University	
	<input type="checkbox"/> Shepherd University	<input type="checkbox"/> West Liberty University (pre-k add on to elementary ed only)	<input type="checkbox"/> West Virginia University	
	<input type="checkbox"/> WVU - Parkersburg			
<b>Date Degree Awarded:</b>				

**Applicant Statement: Please read, sign and date**

The information presented on this application is accurate and true, to the best of my knowledge. I understand that if awarded the scholarship I must remain employed as a child care provider, or director, at least 20 hours per week in a WV licensed child care center, licensed child care facility, or registered family child care home while on scholarship, and for at least 1 year following the completion of my scholarship. I acknowledge that there is a maximum scholarship award (\$1400/semester for Associate Degree scholarships and \$2500/semester for Bachelor's Degree scholarships) and I am responsible for any fees beyond the amount of the scholarship award. If coursework is not successfully completed, or I do not fulfill my scholarship commitment(s), I may be responsible for repaying my scholarship to WV Early Childhood Training Connections and Resources.

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Applicant Signature Applicant Printed Name Date

**Employer Statement: Please read, sign and date**

The information presented on this application is accurate and true, to the best of my knowledge. By signing this application, I am providing my support for the applicant to further his/her education in an effort to increase job skills and knowledge. I will provide my support to the applicant by allowing flexible work scheduling to accommodate class attendance and associated assignments, if needed. The child care program will also provide a wage increase at least upon completion of degree.

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Employer Signature Employer Printed Name and Title Date

**West Virginia State Training and Registry System**  
 611 7th Ave, Suite 322 Huntington, WV 25701  
 Phone: (304) 522-7827 or (855) 822-STAR  
[www.wvstars.org](http://www.wvstars.org) Email: [wvstars@rvcds.org](mailto:wvstars@rvcds.org)