<b>Instructions:</b>												
Please complete this a	pplication elect	ronically, or by	neatly pr	inting using	black or blue ink.							
□FAFSA Conf	stub from withi irmation Page	th required docu n the past 30 da enrollment in co	ys	on (see list b	elow) to WVECTCR:							
Mail: Scholarship 611 Email: sbailey@rvcds Fax: 304-529-2535 A	org subject lin	e: scholarship	ton, WV	25701								
Summer 2024 Semester Please submit by April 1, 2024												
Applicant Informat	ion.											
New Applicant:	.1011.	Current Recipi	ient:		Previous Applicant:							
Yes $\square$	Yes	iciit.	No $\square$	Yes $\square$	No $\square$							
Assigned Registry Id Nu	Active Career	Pathway I		Social Security # (last 5 numbers) XXX-X -								
First Name:	MI:	La	st Name:									
Mailing Address:												
City:	State: Zip Code:			County:								
Primary Phone Number:		Primary Email Add			ress:							
<b>Employer Informat</b>												
Current Employer (Progra	m Name):											
Mailing Address:												
City:	State:	Zip (	Code:	County:								
Primary Phone Number:												
Directors Name:			Direc	Directors Email Address:								
Program Type: ☐ Child Care Center ☐ Child Care Facility ☐ Family Child Care Home ☐ Hea												
<b>Employment Infor</b>	nation:											
Current Job Title:	□ Administrator (Owner, Director)			□ Assistant	□ Assistant Teacher (Teacher's Aide, Teaching Assistant)							
	□ Family Child Care Provider			□ Teacher (Lead Teacher, Co-Teacher, Head Teacher)								
What Age Groups Do You Teach? (Check all that apply)	□ Infants (0-12 Months)			□ Toddler (13-36 Months)								
	□ Preschool (37	Months – PreK)		□ School Age								
Hire/Start Date:	Current Hourly Wage:											

Number of Months

Paid to Work Per Year:

Number of Hours Paid

to Work Per Week:

<b>Education Information:</b>											
Indicate Your Educational Goal: (select the one that best describes your goal)		☐ Take a few early childhood courses to enhance your job- related skills		□ Earn an Early Childhood Associate Degree		Associate transfer t	□ Earn an Early Childhood Associate Degree and transfer to earn a Bachelor's Degree			□ Earn an Early Childhood Bachelor's Degree with teacher licensure	
		□ Earn an Early Childhood Bachelor's Degree without teacher licensure		□ Earn an Early Childhood Master's Degree		□ Earn a Doctorate Degree		gree	□ undecided		
Scholarship Information:											
		Associate Degree Early Childhood Education Programs									
Which College Are You Currently	□ Potomac State College		□ Eastern WV CTC				□ Pi	□ Pierpont CTC			
	re	□ Southern WV CTC		□ WV Northern CC		□ WVU - Parkersburg					
Attending?		Bachelor's Degree Early Childhood Education Programs									
Attenuing:		□ Conco	ord University			o elementary ed only)		Mars	arshall University		
		□ Sheph	erd University		☐ West Liberty University  (pre-k add on to elementary ed only)			□ West Virginia University			
		□ WVU	- Parkersburg		,	ž					
Have You Compl The FAFSA? (Free Application for Federal Student Aid)	r		attach proof of rmation page)			□ no – visit <u>www.fafsa.edu.gov</u> to complete your free application and submit confirmation page					
How Many Credit Hours Are You Applying For? (max 8 hours/2 courses per semester)				Ser		□ Fall			□ Summer		
Course Number (ex. ECE 101)			Course Title (ex. Child Develo	opment 101)					rse Credit ırs		
Course Number (ex. ECE 101)			Course Title (ex. Child Develo	opment 101)	oment 101)			Course Credit Hours			
Please Note: Course name, course code, and number of hours must be listed, or application is marked as incomplete. If unable to register before the application deadline date, please refer to your college/university's suggested program/course outline.											
<b>Applicant Stat</b>	emen	t: Pleas	e read, sign a	nd 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 of \$1500 per semester for Associate Degree scholarships and \$3000 per semester for Bachelor's Degree scholarships. Tuition costs over the semester's maximum tuition award may be covered as funding is available.											
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.											
Employer Signature		Employer Printed Name and Title						Date			