



**EMPLOYMENT:** *Verification of current employment must be submitted with this application. (See page 7 for acceptable forms of verification.)*

Are you currently working in a child care program?     Yes         No

How long have you worked in child care? \_\_\_\_\_

**Current Employer:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

Street Address

City

State

Zip

County in which you work: \_\_\_\_\_

Type of child care provider (*check one*):     Center Provider     Home Provider

Job Title: \_\_\_\_\_

Dates of Employment: (From) \_\_\_\_\_ (To) \_\_\_\_\_

Age groups that you teach: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

City

State

Type of child care provider (*check one*):     Center Provider     Home Provider

Job Title: \_\_\_\_\_

Dates of Employment: (From) \_\_\_\_\_ (To) \_\_\_\_\_

Age groups that you taught: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

\_\_\_\_\_ City State

**Type of child care provider (check one):**     **Center Provider**     **Home Provider**

**Job Title:** \_\_\_\_\_

**Dates of Employment: (From)** \_\_\_\_\_ **(To)** \_\_\_\_\_

**Age groups that you taught:** \_\_\_\_\_

**Job Duties:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION BACKGROUND**

**EDUCATION:** *List last high school attended and date of graduation or date of GED. List all colleges attended, major or area of study, and graduation/completion date (if applicable).*

**Name of High School or GED**                      **City/State**                      **Date Completed**

\_\_\_\_\_  
\_\_\_\_\_

**Name of College**                      **City/State**                      **Major**                      **Date Completed**

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL GOALS AND COMMITMENT**

**Briefly describe why you would like to further your education in Child Development/Early Care and Education studies:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Briefly describe why you chose to pursue a career in child care:**

---

---

---

---

---

---

---

---

**Briefly describe why you should receive this scholarship:**

---

---

---

---

---

---

---

---

**ACADEMIC/FINANCIAL INFORMATION**

**Have you been accepted at a 2-year college?**      Yes      No

**Are you currently enrolled at a 2-year college?**      Yes      No

**If currently enrolled, name of college currently attending:** \_\_\_\_\_

**If currently enrolled, cumulative/overall Grade Point Average:** \_\_\_\_\_

**Total number of semester credit hours completed in Child Development:** \_\_\_\_\_

**What two-year college will you attend should you be selected to receive a Leadership in Child Care Scholarship?** \_\_\_\_\_

**Semester you wish to begin using the Scholarship:**    Fall    Spring    Summer

**Indicate the number of credit hours you anticipate taking per Semester:** \_\_\_\_\_ Hours

*Part-time students (fewer than 12 semester credit hours) and full-time students (12 or more semester credit hours) are considered equally.*

**Are you currently receiving other scholarship(s)?**      Yes      No

**If currently receiving scholarship(s), which scholarship(s) are you receiving?** \_\_\_\_\_  
\_\_\_\_\_

**What is/will be your major?** \_\_\_\_\_

**Which of the following do you wish to obtain?** *(Check all that apply.)*

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> CDA Credential | <input type="checkbox"/> Short Certificate | <input type="checkbox"/> Certificate |
| <input type="checkbox"/> A.A.S. Degree  | <input type="checkbox"/> A.A.T. Degree     |                                      |

*You will need to consult with the advising staff at the two-year college to help you determine if you want to pursue the CDA Credential, Short Certificate, Certificate, A.A.S. or A.A.T. degree. An A.A.S. or A.A.T. degree must be obtained before you are eligible for transitional coursework to attend Athens State University.*

**When is/was your appointment to consult with advising staff at the two-year college?**

**My appointment (is/was) on** \_\_\_\_\_  
Date of Appointment

**at** \_\_\_\_\_  
Name of College

**Will meet/met with** \_\_\_\_\_  
Signature of College Advisor

\_\_\_\_\_  
Printed Name of College Advisor

**LEADERSHIP IN CHILD CARE SCHOLARSHIP APPLICATION DECLARATION**

*Please read carefully before signing.*

**I certify, understand, and agree to the following:**

- I certify that the information provided on this form is true.
- I certify that I currently reside in the state of Alabama and that I am currently employed in Child Care.
- I will commit to taking the required Child Development courses should I receive the Leadership in Child Care Scholarship.
- I understand that I will become ineligible for the Scholarship the semester following any semester that I withdraw from a class(es) or the college unless granted a waiver by DPE. I understand that I must reapply for the Scholarship to become eligible again.
- I understand that I will become ineligible for the Scholarship the semester following any semester for which my semester/term cumulative Grade Point Average is below 2.0. I understand that I must reapply for the Scholarship to become eligible again.
- I will participate in telephone interviews and written surveys to gather information regarding this Scholarship and my employment status.
- I grant permission for this form to be used in gathering data related to improving the quality of child care.
- I agree to have my name and city of residence listed in any documents pertaining to the Leadership in Child Care Scholarship Program.
- I agree to obtain admission to the applicable institution and be responsible for purchasing the required texts.
- I understand that my application will be rated based on the content and completeness of the application.
- I grant permission to the college to release to the Alabama Department of Postsecondary Education and the Alabama Department of Human Resources information concerning my academic records and financial aid eligibility.
- I understand that funding for this Scholarship Program is dependent on continuous funding from the Alabama Department of Human Resources.

**I hereby confirm that all the information supplied on this application is complete and accurate. I understand that withholding requested information and/or giving false information will make me ineligible for the Scholarship.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***IMPORTANT: Applicants should make and keep a copy of their completed application and verifications of residency and employment before mailing this information to DPE.***

**Mail application with verifications of residency and employment to the address listed below:**

**Leadership in Child Care Scholarship Program  
Alabama Department of Postsecondary Education  
Instructional and Student Services Division  
Post Office Box 302130  
Montgomery, AL 36130-2130  
(334) 293-4552 - Telephone**

**Alabama Department of Postsecondary Education  
Alabama Department of Human Resources  
Leadership in Child Care Scholarship**

**Supplemental Application Information**

**ACCEPTABLE FORMS OF EMPLOYMENT AND RESIDENCE VERIFICATION**

**ACCEPTABLE EMPLOYMENT VERIFICATION**

- **Center Directors and Owners** – Submit copy of current **Day Care License**.
- **Exempt Church Center Directors** – Submit copy of current **Exemption Letter**.
- **Family and Group Home Providers** – Submit copy of current **Day Care License**.
- **Directors** – Submit copy of a current letter on employer’s letterhead stating applicant’s **Job Title**, **Dates of Employment**, and **Age Groups** taught by applicant. Letter should be signed by employer’s authorized official.
- **Teachers/Assistants/Aides** – Submit copy of a current letter on employer’s letterhead stating applicant’s **Job Title**, **Dates of Employment**, and **Age Groups** taught by applicant. Letter should be signed by director or employer’s authorized official.

**ACCEPTABLE RESIDENCE VERIFICATION** *(Submit one of the following):*

- Copy of driver’s license with current **Residential/Home** address.
- Copy of current utility bill that shows **Residential/Home** address.
- Copy of lease that shows the current **Residential/Home** address.

**Leadership in Child Care Scholarship Program  
Alabama Department of Postsecondary Education  
Instructional and Student Services Division  
Post Office Box 302130  
Montgomery, AL 36130-2130  
(334) 293-4552 - Telephone**