



**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 of current Employer: \_\_\_\_\_

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**

**Describe why you would like to further your education in Early Childhood Education:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**Describe why you chose to pursue a career in child care:**

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**Describe why you should receive this scholarship:**

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**ACADEMIC/FINANCIAL INFORMATION**

Have you been accepted at Athens State University? ( ) Yes ( ) No

Are you currently enrolled at Athens State University? ( ) Yes ( ) No

Are you currently attending a 2-year College other than Athens? ( ) Yes ( ) No

If yes, name of 2-year College you are currently attending: \_\_\_\_\_

If currently attending Athens and/or another 2-year College, cumulative/overall Grade Point Average(s): Athens GPA \_\_\_\_\_ Other 2-year College GPA \_\_\_\_\_

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

When do you expect to graduate/complete current program? \_\_\_\_\_ Semester \_\_\_\_\_ Year

Semester you want to begin using the Scholarship at Athens:

( ) Fall ( ) Spring ( ) Summer \_\_\_\_\_ Year

Indicate the number of credit hours you plan to take per semester at Athens? \_\_\_\_\_ Hours

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

What is/will be your declared major at Athens? \_\_\_\_\_

What degree do you wish to obtain at Athens? \_\_\_\_\_

Will you need to take transitional coursework before attending Athens? ( ) Yes ( ) No

*You will need to consult with designated advising/Early Childhood Education (ECE) staff at Athens State University to help you determine your major and to obtain a plan of study. The designated advising/Early Childhood Education (ECE) staff at Athens will identify transitional coursework, if applicable.*

When was/is your appointment to consult with advising/ECE staff at Athens?

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

at \_\_\_\_\_  
Athens State University

Will meet/met with \_\_\_\_\_  
Signature of Athens State University Advisor

\_\_\_\_\_  
Printed Name of Athens State University Advisor

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

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

Have you applied for financial aid? ( ) Yes ( ) No

**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 Early Childhood Education courses at Athens State University 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 further 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 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 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  
Phone -334-293-4552**

**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**