

COLLIER CHILD CARE TRAINING & RESOURCE CENTER

IMMOKALEE EARLY LEARNING INITIATIVE

Scholarship Assistance Application

Date of Application for Assistance: _____

Name: _____ Social Sec/Student ID #: _____

Address: _____ City: _____ Zip: _____ Phone #: _____

Date of Birth: _____ Gender: _____ Ethnic Background:(*Circle*) White Black Hisp Other

Child Care Program: _____ Supervisor: _____

How long have you worked there or owned your own program? _____

Previous Work Experience : _____

My Present Job Title/Position: _____ Age Range of Children taught: _____

Position I am training for (*if applicable*): _____

**** Your demographic information will remain confidential. It is a requirement from our funders to collect and track demographic information to compile statistics only and to ensure future funding to this program.**

******Briefly Describe Your Education and Career Goals:**

Amount Requested: _____ For: _____

**** Please attach any fliers or information related to this request, including completed registration forms, applications, transcripts, invoices, etc.**

Have you requested/received funds from another agency for this same request? _____

Check the type of assistance you are applying for at this time:

	Type	When:	Course/Test/Additional Info:	Estimated Cost
	Mandated Training			
	Cont...			
	Cont...			
	Cont...			
	Cont...			
	Cont...			
	Competency Testing			
	Cont...			
	Cont...			
	Cont...			
	Cont...			

CONT...	Type	When:	Course/Test/Additional Info:	Estimated Cost
	Background Screening/FP			
	CDA/ECPC/FCCPC Course			
	C.E.U's			
	Cont...			
	Training Institutes			
	Cont...			
	Higher Education Tuition			
	Cont...			
	State/Local Conferences			
	National Conferences			
	Educational Books			
	First Aid/CPR/BBP			
	Other:			

PLEASE NOTE:

- If you do NOT attend, successfully complete or receive funding from another source for this scholarship request, YOU are responsible for reimbursement of funds to Collier Child Care Resources, Inc.
Please Initial _____
- Within 30 days upon completion of the course, conference, exam, or training, you are responsible for submitting the appropriate documentation such as a certificate of completion, transcripts, etc.
Please Initial _____

Signature _____ Date _____

SEND APPLICATION AND SUPPORT DOCUMENTATION TO:

**Collier Child Care Training & Resource Center
ATTN: Niccole Howard
2050 Commerce Avenue Unit 1
Immokalee, FL 34142
(239) 657-2134 Fax: (239) 657-2073**

Comments of Director of Professional Development / Reason for Decision:

Approved _____ Not Approved _____ Pending _____

Director of Professional Development _____ Date _____