

TRAINING

Scholarship Application Form

IdahoSTARS ★ 1471 Shoreline Drive, suite 202 ★ Boise, ID 83702 or Call the 2-1-1 Idaho CareLine by dialing 2-1-1 or 1-800-926-2588

ELIGIBILITY:

To Be Eligible For Scholarship You Must:

- Be Enrolled in IdahoSTARS Professional Development Systems Registry
- Work in a child care setting that cares for children while parent(s) or guardian(s) work or attend training
- Work in a program that operates full time.
- Earn \$15.00/hours or less.
- **Child Care Provider** - provide regularly scheduled direct care and/or education with children in a child care facility at least 15 hrs/wk or 780 hrs/yr.
- **Directors/Owners** - be regularly scheduled to work directly in the facility with children, staff or parents a minimum of 30 hours/wk

Important Note: Scholarships are available to eligible applicants on a **first come, first served basis as long as funding is available.**

TRAININGS COVERED BY A SCHOLARSHIP:

After initial enrollment in IdahoSTARS, any IdahoSTARS approved training, workshop, or conference in *Early Care and Education Core Knowledge Components* can be covered by this scholarship. Approved trainings are listed online at the IdahoSTARS website at www.idahostars.org.

SCHOLARSHIP AWARDING PROCESS:

Voucher Scholarships are vouchers given to applicants to use for payment to a training that has not yet been taken but has been registered for by the scholarship applicant. This form must be submitted **2 business weeks before** the training date.

Reimbursement Scholarships are a reimbursement to applicants for registration fees already paid for a workshop or course that is approved by IdahoSTARS. Reimbursement requests must be made **within 90 days** of taking training.

Direct Payment Scholarships are a direct payment to the trainer/training facility for a training that has not yet been taken but has been registered for by the scholarship applicant. This form must be submitted **2 business weeks before** the training date.

SUBMITTING APPLICATION:

Mail Application and Supporting Documentation to:

IdahoSTARS
Attn: Scholarship Office
1471 Shoreline Drive, Suite 202
Boise, Idaho 83702-9105
Fax: 208-345-6569

You Will Need to Attach:

- Pay Stub (*if child care provider*)
- Income Worksheet (*if director/owner*)
- Facility License (if applicable)
- Training Registration Form (if requesting payment to be made ahead of training date.)
- Payment Receipt (if requesting reimbursement, e.g. receipt or, cancelled check/money order stub made out to trainer/training.
- Certificate of Completion (if requesting reimbursement, e.g. Certificate, grade report, or transcript)

The purpose of IdahoSTARS is to ensure quality care for all children in our state through increased opportunities for basic and ongoing training of child care, early education, and school-age care providers.

The University of Idaho Center on Disabilities and Human Development (CDHD) with Idaho Association for the Education of Young Children (Idaho AEYC) through a contract with Idaho Department of Health and Welfare administers IdahoSTARS Scholarships, Trainer and Training Approval, and Provider Services.

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APPLICATION INFORMATION:

Name: _____ change of name? Yes No

Note: If name has changed you must send in a **copy of social security card in your current legal name and W9 Form.**

Other names you have used: _____

Home Mailing Address: _____ change of address? Yes No

City: _____ State: _____ Zip Code: _____

County: _____ Email: _____

Home Phone: _____ Work Phone: _____

Idaho AEYC member? Yes No

Membership in Early Childhood Professional Organization(s)? Yes No

(If yes, list organization and give member number) _____

EMPLOYMENT INFORMATION:

Place of Employment: _____

Employment mailing address: _____ Phone: _____

Beginning Date of Employment: _____ Current position: _____

Number of hours worked per week: _____ Number of hours worked per year: _____

Current Hourly Wage: _____

Note: If you are a **Child Care Provider** must submit current pay stub.

If you are a **Director/Owner** must submit Income Worksheet.

Age Range(s) and Programs: (check all ages you directly work with)

- | | | |
|---|--|--|
| <input type="checkbox"/> Birth to 12 months | <input type="checkbox"/> Toddlers 13-30 months | <input type="checkbox"/> Preschool 31 months |
| <input type="checkbox"/> 5 years | <input type="checkbox"/> School-Age over 5 years | <input type="checkbox"/> All Ages |

License type: (attach license) Center Home Group City State

Program type: Family Home Care Center Licensed Accredited
 Other: _____

TRAINING REQUEST:

Training in Early Care and Education Core Knowledge Components: *(check one)*

- Training
 Webinar
 Conference
 Book/Distance Learning
 GED Testing

Training title: _____

Trainer/organization: _____

Contact phone of trainer/organization: _____

Training start date: _____

Training end date: _____

Registration cost: _____

Training materials cost: _____

Types of materials: _____

Total amount of scholarship request: _____

Note: Scholarships will only cover “early bird” rates. Late fees, travel, lodging, and expenses such as lunch cannot be covered by IdahoSTARS scholarships. Webinars, Conferences, and Book/Distance Learning (such as online courses, Care Courses, etc) will be paid as a direct pay scholarships. GED testing fees are reimbursement only.

HOW DID YOU HEAR ABOUT THE SCHOLARSHIP?

- Presentation
 Mailing
 CCR&R Agency
 Idaho AEYC Website
 IdahoSTARS Website
 Co-worker
 Instructor
 Center Director
 Other: _____

SIGNATURES:

Important Note: I am requesting financial support for IdahoSTARS training. All information provided on this application is true and accurate. I understand that eligibility does not guarantee that I will receive a scholarship award. Furthermore, I understand that if I receive a Scholarship and do not complete the training requirements, I will be responsible for notifying the scholarship office and may be responsible for paying back any money spent on my behalf.

Signature: _____ Date: _____

REMINDERS IN SUBMITTING APPLICATION:

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