

Early Learning Educational Scholarship Application

Name: _____ Registry ID: _____

Educational Goal: _____



Early Learning Career Center

This application is for _____ (credits or CEUs) starting in the _____ term and will be active for _____ months. If you have not completed this goal within the indicated number of months, you will need to reapply for a new scholarship.

Participation Agreement

1. I agree to participate in the Early Learning Quality Improvement System (QIS) & Education Registry, a database that records an individual's education and training.
2. I agree to participate in development, maintenance and implementation of a Professional Development Plan.
3. I understand that this application for the Early Learning Scholarship is not a guarantee of payment, and that any fee must be approved **prior** to the start of the education or training course.
4. I understand that to receive Early Learning Educational Scholarship I must present proof of current employment (minimum of 20 hours per week) in a licensed or legally license- exempt childcare program or related service agency in Miami Dade County. Applicants must work directly with children, such as teachers and assistant teachers, or provide support services to early childcare and education programs, such as directors and curriculum specialists.
5. I understand that the Career Center Scholarship is contingent on available grant funds. The Career Center may, at any time, suspend this scholarship due to the lack of fund availability.
6. I agree to notify the Career Center of any changes in my work status. I also understand that failure to report changes in my work status could result in denial of future scholarships and/or repayment of funds.
7. I agree to successfully complete any course/training paid by this scholarship and will submit my grades to the Career Center upon completion of each course. **I understand if I do not achieve a grade of A, B, C, or P or S (for pass/no pass classes) for a course paid for by the scholarship, my Early Learning educational scholarship benefits and eligibility will be affected.**
8. I authorize the institution I am attending to release my final grade for the course(s) attended to the Career Center for reporting purposes and guarantee my future scholarship eligibility.
9. I agree to keep my email updated and understand that any falsification or forgery of information and/or documentation submitted will result in a 12 month scholarship suspension.

I the applicant attest that the information on this form is accurate to the best of my knowledge. I attest that I have read the Participation Agreement and agree to all of its provisions.

Applicant Signature	Date
Current E-mail Address	

Employment Verification: As the director, owner, or authorized supervisor in charge of the above applicant, I attest that the above applicant is currently employed by my center for a minimum of twenty (20) hours per week.

Authorized Supervisor Signature	Date
Current E-mail Address	
Center Name	License Number:

The Early Learning Educational Scholarship, a part of the Quality Improvement System (QIS), is funded by the Children's Trust and operated by the Children's Forum.

