Bachelor's Degree Scholarship Application

1551 Broadway, Suite 300 ~ Tacoma, WA 98402 ~ 1 (866) 308-3224

The goal of WA Scholarships for Child Care Professionals is to improve the field of early childhood education by increasing compensation levels, sustaining commitment to the field, and advancing the educational achievements of its scholars. All information obtained on this application will remain confidential between the applicant and the WA Scholarship Team. Personal information will be handled in full accordance with federal and state law. The WA Scholarships program will not discriminate based on any information obtained on this application.

Scholarship Requirements

Check the box of each requirement that you meet below. Desired applicants must meet all of the following requirements:

- ☐ Applicant's facility must be participating in the **Early Achievers** Program through the Department of Early Learning
- ☐ Applicant works at least 20 hours a week at a licensed facility (center or family child care)
- ☐ Applicant has worked with current employer or owned current business for at least 6 months
- ☐ Applicant has an Associate's Degree, preferably in ECE or a related field at the time of application
- ☐ Applicant is required to submit the FAFSA before receiving the BA Scholarship

Application Materials

It is important that you answer each question on the application and include all of the necessary, requested information. Incomplete applications will not be reviewed.

To complete this application, you must include:

- A copy of your pay stub or other form of income verification with this application.
- Documentation of application to a College or University. (Application or acceptance letter)
- Documentation of application for financial aid. (Application or award letter)
- Official transcripts from all colleges and/or Universities attended.
- Essay Questions
- 2 Letters of Recommendation (1 professional, 1 academic preferred)
- Center Participation Agreement Form (if applicant is employed by a center)

Please read through the application and answer each question. Attach the requested financial documentation and obtain the necessary signatures before forwarding your application to WA Scholarships for Child Care Professionals. Incomplete applications will be not be reviewed. If you have questions, please contact us at: 1-866-308-3224.

Applicant Information

Date: ____/____/____ Facility Type: Family Child Care (Home) Child Care Center

Facility Owner/ Director: _____ Name of Facility: _____

Name: _____ Social Security#: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: ( ) _____ Work Phone: ( ) _____

Email: _____ Date of Birth: ____/____/____

Gender (circle one): Female / Male Primary Language: _____

Residency Status

Circle Yes or No to the following: U.S. Citizen: Yes No Permanent Alien: Yes No

Have you lived in Washington State for 12 consecutive months? Yes (I am a WA State resident) No (I am not a WA State resident)

Do you have a home computer? Yes No Are you registered to vote? Yes No

Race/Ethnicity: Please let us know how you identify yourself (Check all that apply):

- ☐ Black/African-American
- ☐ Hispanic/Latino(a)
- ☐ Multi-Racial
- ☐ Asian/Asian American
- ☐ White/European –American
- ☐ Native American/ American Indian
- ☐ Pacific Islander/ Hawaii Native
- ☐ Other:

Family Structure: List everyone in your household and their relationship to you

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Child Care Employment Information

Funding for this program will only be guaranteed for one year. In the case of termination of the BA scholarship, the student will be responsible for all costs associated with consecutive years of their degree.

Please tell us about your role in the child care field. This information is very important so please make sure to fill this out completely. If you have questions, please contact us!

Beginning date of employment at current child care facility: _____/_____/_____

Hours worked per week: _____ Current hourly wage/salary: $_____ per hour

What is your job title? Director/Owner Lead Teacher Assistant Program Supervisor Other: _____

Age groups you work with (circle one): Birth – 3yrs 3-5yrs School Age All Ages

Number of children in your groups: _____ Years in the child care business: _____

Does your facility receive any funding from Head Start or ECEAP? Yes No I Don't Know

Education Information

To apply for the Washington Scholarships for Child Care Professionals BA Scholarship, an AA degree or the equivalent is required at the time of the application.

Latest High School City, State/Country	Dates Attended MM/YYYY	Diploma? (circle one)	GED? (circle one)
		YES NO	YES NO
Most Current College/University City State/Country	**Dates Attended MM/YYYY**	**Major(s)/ Minor(s)**	**Certificate/Degree**

Name of the WA State 4-year institution you are or will be attending:_____

Which program are you pursuing/ interested in pursuing for your BA Degree? (Check One)

- ☐ Child and Family Studies
- ☐ Early Childhood Education
- ☐ Human Development
- ☐ Early Childhood Education (Special Education)
- ☐ Elementary Education (with coursework in ECE)
- ☐ Other:_____

Have you applied for Federal Financial Aid? If so, when did you apply?

☐ Yes, I have applied. I applied on : _____

☐ No. I have not applied. Explain: _____

Please list any other financial assistance that you will receive this year. (i.e. scholarships, grants, loans, etc.)

_____

General Questions

Funding for this program will only be guaranteed for one year. In the case of termination of the BA scholarship, the student will be responsible for all costs associated with consecutive years of their degree.

These general questions provide information that allows us to better serve you. Please answer these questions if they are applicable.

Please explain any special needs or circumstances in your family that you feel deserve consideration.

_____

_____

_____

_____

How did you find out about the Washington Scholarships for Child Care Program BA Scholarship?

_____

Essay Questions

Professional Development

In this section we are looking for information that will help us know you better as a person and as a student. These questions will help us become better acquainted with your desires, motivations and personal growth. It will demonstrate your ability to organize thoughts and express yourself in writing while also giving us an idea of your professional development plan.

Answers to the following questions need to be attached *on a separate piece of paper*. Please limit your responses to 1 page or less, for each question. Grammar and spelling are important!

1. What are your professional goals in early child care and education, or school age care? Describe how a degree will help you achieve these goals. Be sure to include your long-term career goals.
2. What are your academic strengths and weaknesses? How have your past experiences influenced your current academic success?

Statement and Signature of Applicant

I have included all of the required information and documents requested above. The information that I have provided is true and accurate. Based on this information, I am applying for the Washington Scholarships for Child Care Professionals BA Scholarship for the 2013-2014 academic year. I understand that funding for this program will only be guaranteed for one year. In the case of termination of the BA scholarship, I understand that I will be responsible for all costs associated with consecutive years of my degree.

_____ _____

Applicant's Signature Date

Funding for this program will only be guaranteed for one year. In the case of termination of the BA scholarship, the student will be responsible for all costs associated with consecutive years of their degree.