



**Oklahoma State Regents for Higher Education  
Scholars for Excellence in Child Care (Scholars) Program**

**★ Agency Profile Form ★**



Scholars Program  
P.O. Box 108850  
Oklahoma City, OK 73101-8850

Toll Free: 866.343.3881  
Phone: 405.225.9395  
www.okhighered.org/scholars

**Complete this form for a change in name, address or child care employment facilities.**

**Scholar Information**

<b>Social Security #:</b>	<b>Last Name:</b>	<b>First Name:</b>	<b>MI:</b>
<b>Home Mailing Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County of Residence:</b>	<b>Home Phone:</b> (     )	<b>Cell Phone:</b> (     )	
<b>E-mail Address:</b>		<b>Drivers License:</b> State issued: Number:	

**Child Care Facility Information**

<b>Facility Name:</b>		<b>Supervisor's Name:</b>		<b>Work Phone:</b> (     )
<b>Employer's Mailing Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Work Fax Number:</b> (     )	<b>Type of Facility:</b> <input type="checkbox"/> Center <input type="checkbox"/> Home		<b>DHS/Tribal Contract Number:</b>	<b>DHS License Number:</b>
<b>Federal Tax ID Number:</b>		<b>Employment Start Date:</b>	<b>Star Rating:</b> <input type="checkbox"/> 1-star plus <input type="checkbox"/> 2-star <input type="checkbox"/> 3-star	<b>Licensed Capacity:</b>
<b>Total Enrolled:</b>		<b>DHS or Tribal Subsidy Children Enrolled:</b> # _____ %		<b>Hours Worked per Week:</b>
<b>Job Title: Family Child Care Home</b> <input type="checkbox"/> Family Child Care Home Provider (FCCP) <input type="checkbox"/> Family Child Care Home Provider Assistant		<b>Job Title: Child Care Center</b> <input type="checkbox"/> Director/Owner <i>hours worked with children:</i> _____ <input type="checkbox"/> Director/Employee <input type="checkbox"/> Assistant Director <input type="checkbox"/> Master Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher		<b>Hourly Wage:</b> \$

**Required Items Checklist**

The following attachments are included with this form:

- Completed Agency Profile Form
- Current Check Stub indicating my hours worked and hourly rate of pay
- Scholars program Scholarship Agreement
- Payee Form (from the child care facility)

*And one of the following:*

- I have called the Scholar Coordinator at the community college I am attending to let them know of my name, address, or employment change

or

- I have called the Scholars program office 866.343.3881 (toll free) or 405.225.9395 (OKC area) to let them know of my name, address, or employment change

Scholar Participant \_\_\_\_\_

Date \_\_\_\_\_

Director/Owner \_\_\_\_\_

Date \_\_\_\_\_



# Oklahoma State Regents for Higher Education Scholars for Excellence in Child Care (Scholars) Program



## ★ Tuition Scholarship Agreement ★

This agreement includes the child care provider, sponsoring child care facility, the Scholars for Excellence in Child Care (Scholars) program, and the Oklahoma State Regents for Higher Education (OSRHE). In the event funds to finance this agreement become unavailable, either in part or in full, due to reduction in appropriations, this agreement may be terminated and such notice will be provided in writing to the parties herein.

### Administered by the Oklahoma State Regents for Higher Education, the Scholars for Excellence in Child Care program scholarship will:

1. Pay 80% of tuition/fees toward CDA courses, a Certificate of Mastery, Director's Certificate of Completion (Directors & Assistant Directors only), associate of science or arts degree in child development or early childhood education (CD/ECE), Director's Certificate of Mastery (through OSU-OKC – Directors, Assistant Directors, & Family Child Care Providers), or an Associate of Applied Science degree in center management or administration (Directors and Assistant Directors only), and 100% of books. The scholarship will pay the tuition/fees and books based on completion of 9 -21 hours during the first three semesters of the agreement term (and 9 – 21 hours taken in subsequent 3 semester blocks) for the remainder of the agreement if other financial aid is not available. The 9-21 credit hours are based on the first 9-21 hours enrolled during the 3-semester block periods. These are the same hours used to figure release time and educational stipends.

2. If eligible, reimburse the participating child care facility for release time at the rate of \$7.00 per hour as follows:

- Community Colleges
  - 3-5 credit hours = 6 hours per semester
  - 6-9 credit hours = 12 hours per semester
  - 10-21 credit hours = 15 hours per semester
- 1 CD/ECE lab course = up to 12 hours per semester (must be pre-approved by the Scholars program)

3. Provide a \$100 educational stipend to home providers for completion of 9-21 credit hours at the end of the agreement term. The stipend will not be paid if the scholarship participant leaves the child care facility during the agreement term.

I, \_\_\_\_\_ am currently working at least 30 hours per week,  
(Print name)

I agree to attend \_\_\_\_\_, and I further agree to the following:  
(Print name of community college)

1. Participate in the Scholars program beginning with the following semester:

Fall 20\_\_\_\_ (August – December)      Spring 20\_\_\_\_ (January – May)      Summer 20\_\_\_\_ (May – July)

2. Apply for Pell each academic year and furnish Pell application documentation to the scholar coordinator. **The Pell grant (or other financial grants, scholarships, student loans) will be applied toward tuition/fees and books before the Scholars program scholarship.** If for some reason, the Scholars program scholarship is applied and pays for the tuition/fees and books before the Pell grant or other aid/loans are received, I will refund said amount to the Scholars program.

3. Complete 9-21 credit hours at a community college during the first 12 months (3 semesters) of the agreement term and during each subsequent 12 month period (3 semesters) thereafter. **Early Childhood Education or Child Development courses leading to a CDA Credential or Certificate of Mastery must be completed prior to taking general education courses for the associate of science or arts degree in CD/ECE.** (Exceptions may be granted by the scholar coordinator or Scholars program office.) **The scholarship will not pay for more than 21 hours in any agreement term.**

4. Submit class schedule and any changes to enrollment status or class schedule to the community college scholar coordinator each semester. Also, notify the community college scholar coordinator or Scholars program office of any changes in employment status each semester. If changes are not reported, tuition, fees, and book charges may not be covered by the Scholars program.

5. Submit grades to the community college scholar coordinator each semester. Payments for the current or next semester are not guaranteed if grades are not received.
6. Pass each class with a "D" or above, and abide by the scholarship grade policy contained in the Scholars "Scholarship Application Form" concerning making a "D", "F", "I", or withdrawing from a course.
7. Pay the community college 20% of the cost of tuition and fees (if not covered by Pell or other financial aid awards) in accordance with the institutional policies but no later than the last day of the semester.
8. Remain employed, working 30 hours per week, earning no more than \$15.50 per hour, at current child care facility.
9. If a family child care provider, I am being paid to care for children other than my own.

**The participating child care facility/large family child care home,** \_\_\_\_\_ **agrees to:**  
(Print name of child care facility)

1. Provide paid time off in accordance with the above release time requirements to the above named scholarship participant while enrolled.
2. Invoice the Scholars program scholarship office for reimbursement of release time at \$7.00 per hour by the appropriate deadline.
3. Award the scholarship participant an education stipend or other option at the end of the agreement term as follows:
  - a. 9-12 credit hours = \$100
  - b. 13-21 credit hours = \$150  
(Stipend may be paid in full or installments)
  - Other Options:
    - c. Provide paid time off equivalent to the stipend award amount
    - d. If applicable, reduce the cost of child care for the scholarship participant in an amount equivalent to the stipend award amount
    - e. Purchase new classroom materials for the scholarship participant in an amount equivalent to the stipend award amount

If the scholarship participant leaves the child care facility during the agreement term, the facility is not obligated to pay the stipend.

This agreement may be modified in writing, and will remain in full force and effect as long as the scholarship applicant remains eligible for participation in the Scholars for Excellence in Child Care program or at such time as the scholarship applicant decides not to continue his or her educational goals.

I agree to the terms and conditions set forth above, and will adhere to all Scholars for Excellence in Child Care program policies.

\_\_\_\_\_  
Scholarship Applicant Date

\_\_\_\_\_  
Child Care Facility Director/Owner Date



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## Family Child Care Home Provider ★ Verification of Income Form ★

As a Family Child Care Provider, I \_\_\_\_\_  
(Print Name)  
declare that I am currently working at least 30 hours per week, and am being paid to  
care for children other than my own.

I understand that the Scholars for Excellence in Child Care program reserves the  
right to request documented verification of income at any time during my scholarship  
agreement term.

\_\_\_\_\_  
Family Child Care Provider Signature

\_\_\_\_\_  
Date



REGISTERED \_\_\_\_\_ NON-REGISTERED \_\_\_\_\_



Address, etc. Change  
(Page 1 only)

Gov. Entity  
(Page 1 only)

**STATE OF OKLAHOMA  
PAYEE FORM**

>> **Form Must Be Printed or Typed** <<

State Agency Name _____	n/a		# _____
Agency Contact Name _____	n/a	Phone # _____	Fax # _____

The State of Oklahoma requires the following information for all new payees before any payments can be made. This information is used to establish payees in the State vendor file.

**Complete all that apply and return to: State Regents for Higher Education – PO Box 108850, Oklahoma City, OK 73101-8850**

<b>Individual or Company Name</b>	<b>Phone #</b>	<b>Fax #</b>		
Name on IRS Record (if different from above)	Phone #	Fax #		
Business/Home Address:				
<b>(PO Box or Street, City, State, 9-Digit Zip Required)</b>	<b>E-Mail Address</b>			
Pricing information, if different:	<i>Not Applicable</i>			
	Phone #	Fax #		
Ordering information, if different:	<i>Not Applicable</i>			
	Phone #	Fax #		
Invoicing information, if different:	<i>Not Applicable</i>			
	Phone #	Fax #		
Contact, re: invoices (PO Box or Street, City, State, 9-Digit Zip Required)	E-Mail Address			
Remitting information, if different:	<i>Not Applicable</i>			
	Phone #	Fax #		
Where to send payment/remittance (PO Box or Street, City, State, 9-Digit Zip Required)	E-Mail Address			
Returning information, if different:	<i>Not Applicable</i>			
	Phone #	Fax #		
Customer Service Information, if different:	<i>Not Applicable</i>	Phone #	Fax #	E-Mail Address

OSF/DCS USE ONLY	Date Posted:	By:
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STATE OF OKLAHOMA  
VENDOR/PAYEE FORM

>> Form Must Be Printed or Typed <<



**SUPPLEMENTAL INFORMATION - ALL VENDORS OR PAYEES**

The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with the State, or may result in the State having to deduct backup withholding amounts from its remittances to you.

U.S. Taxpayer Identification Number (TIN) \_\_\_\_\_ If none, but applied for, date applied \_\_\_\_\_  
(This number is also known as Federal Employer Identification Number [FEIN])

U.S. Social Security Number (SSN) \_\_\_\_\_ If none, but applied for, date applied \_\_\_\_\_

Check the box below that best describes your residency status:

**Companies:**

- Domestic (U.S.) sole proprietorship
- Domestic (U.S.) partnership
- Domestic (U.S.) corporation
- Domestic (U.S.) other
- Foreign (non-U.S.) sole proprietorship \*\*
- Foreign (non-U.S.) partnership \*\*
- Foreign (non-U.S.) corporation \*\*
- Foreign (non-U.S.) other \*\* - explain \_\_\_\_\_

**Individuals:**

- Citizen (individual) of the United States
- Resident alien (individual) of the United States
- Non-resident alien (individual) \*\*

\*\* NOTE: IF YOU MARK THIS BOX, WE WILL FORWARD AN INTERNAL REVENUE SERVICE (IRS) FORM W-8, CERTIFICATE OF FOREIGN STATUS, TO YOU. THIS MAY EXEMPT YOU FROM BACKUP WITHHOLDING. FORM W-8 DOES NOT EXEMPT YOU FROM THE 30% (OR LOWER PERCENTAGE BY TREATY) NONRESIDENT WITHHOLDING TAXES. TO CLAIM THIS EXEMPTION, YOU MUST FILE IRS FORM 8233 WITH US. FOR MORE INFORMATION, REFER TO IRS PUBLICATION 519.

**SIGNATURE - AND SUBSTITUTE IRS FORM W-9 CERTIFICATION**

Under penalties of perjury, I certify that the above information is correct and that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions - You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN

\_\_\_\_\_  
Signature of Vendor Representative or Individual Payee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of individual signing form for company

**1099 Reportable**

Add:  Remove:

AGENCY: If payments to said vendor/Payee are represented by any of the Object of Expenditure Account Codes from the authorized list (see instructions), check the *Add* box.