

## ★ Scholarship Renewal Instruction Sheet ★

Please complete and return the Scholarship Renewal Form indicating your interest in renewing your Scholars Program Tuition Scholarship. This will allow us to verify your eligibility for the next agreement term.

**If you do not wish to renew** – skip to “Do you wish to renew...” mark no and indicate the reason for not renewing.

If you do wish to renew, complete the following:

- Verify the information contained in the *Personal Information* section. Make necessary corrections if needed. If you do not have a cell phone or e-mail, please use “N/A”.
- In the Current Employment Information, please ensure all items are correct. If blank, please provide the information or use “N/A”.
- In the Scholars Program Tuition Scholarship Information, indicate the credential pursuing and the number of CDA clock hours or college credit hours completed toward your child development/early childhood education (CD/ECE) program. Mark, “Yes” to indicate you would like to renew your scholarship to take classes anytime during the agreement term.
- Include the items listed below.

**Child Care Facility Employees:  
Directors & Teachers**

- Completed Renewal Application
- Current Check Stub
- Pell Documentation\*
- Payee Form (from CCC or FCCH)\*\*

**Center Owners:**

- Completed Renewal Application
- Current Check Stub
- Pell Documentation\*
- Payee Form (from CCC)\*\*

**Family Child Care Providers:**

- Completed Renewal Application
- Verification of Income Form
- Pell Documentation\*
- Payee Form (from self)\*\*

*\*Does not apply if attending a career technology center.*

*\*\* Submit if you have changed child care facilities within the past year.*

- Sign and date the Scholarship Renewal Application.
- Return the Scholarship Renewal Application to the Scholar Coordinator at your local community college or the Scholars Program. (Address is listed at the top of the form.)

### Scholarship Renewal Application Deadlines

July 15 - Fall Semester (August-December)  
December 1 - Spring Semester (January-May)  
May 1 - Summer Semester (June-July)

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



**★ Tuition Scholarship Renewal Application ★**

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

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

Instructions: Fill out this form completely, sign and return to the above address. In order to continue on the scholarship this completed form must be on file at the Scholars for Excellence in Child Care program office by the Scholarship Renewal Application Deadlines.

PERSONAL INFORMATION			
Current Information:		Make corrections here:	
Name:	Type:	Name:	
Social Security #:		Social Security #:	
Driver's License State:	#:	Driver's License State:	#:
Home Address:		Home Address:	
City, State, Zip Code:		City, State, Zip Code:	
County:		County:	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
E-mail:		E-mail:	
Community College:			

CURRENT EMPLOYMENT INFORMATION			
Current Information:		Make corrections here:	
Facility Name:		Facility Name:	
Facility Address:		Facility Address:	
City, State, Zip Code:		City, State, Zip Code:	
County:		County:	
Facility Phone:	Fax:	Facility Phone:	Fax:
DHS License #:	DHS Star Level:	DHS License #:	DHS Star Level: 1+ 2 3
DHS Contract #:	Fed. ID #:	DHS Contract #:	Fed. ID #:
Supervisor:		Supervisor:	
Job Title:	Start Date:	Job Title:	Start Date:
<i>Provide current information here &gt;</i>		10%+ subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No (justification letter attached)	
<i>Provide current information here &gt;</i>		Hourly rate of pay: \$_____ # of hours worked per week: _____	

<p><b>Renewing Scholarship for _____ - _____</b></p>													
<p><b>If YES submit the following:</b></p> <p><input type="checkbox"/> <b>Current Check Stub</b> (all positions except Family Child Care Providers)</p> <p>1.) must be within the last two months 2.) must indicate at least 30 hours worked per week 3.) must indicate the hourly wage (\$15.50 or less per hour)</p> <p><input type="checkbox"/> <b>Verification of Income Form</b> (for Family Child Care Providers only)</p> <p><input type="checkbox"/> <b>Verification of Application of FAFSA for the Pell grant</b></p> <p>Over the past year, has there been a change in the following:</p> <p>1.) Marital status 2.) Number in the household 3.) Number from household attending or planning to attend college 4.) If scholar was under 24 and is now 25, filing taxes as an independent</p> <p>If the scholar did not receive financial aid and answered <i>no</i> to 1-4, they do not need to apply for FAFSA. Mark appropriate box below:</p> <p><input type="checkbox"/> Not eligible for FAFSA: over income; no changes in status <input type="checkbox"/> Not eligible for FAFSA: bachelor's degree</p> <p>If the scholar received financial aid and/or answered <i>yes</i> to one or more statements above, then apply for FAFSA and submit one of the following items:</p> <ul style="list-style-type: none"> <li>◆ Completed Scholars Program Pell Documentation form</li> <li>◆ Copy of completed FAFSA Application signature page</li> <li>◆ Copy of FAFSA postcard confirming receipt of application</li> </ul>	<p><b>If NO mark the box indicating why and return this completed form to the address listed above.</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Completed Program</td> <td><input type="checkbox"/> Medical/Family Situation</td> </tr> <tr> <td><input type="checkbox"/> Changed Jobs/Not in CC</td> <td><input type="checkbox"/> Scholar Moved</td> </tr> <tr> <td><input type="checkbox"/> Center Closed</td> <td><input type="checkbox"/> Not eligible - Income/Hours</td> </tr> <tr> <td><input type="checkbox"/> Fired from Center</td> <td><input type="checkbox"/> Not eligible - Owes Money</td> </tr> <tr> <td><input type="checkbox"/> Lack of Transportation</td> <td><input type="checkbox"/> Not eligible - Paperwork</td> </tr> <tr> <td><input type="checkbox"/> Dropped Out/Quit</td> <td><input type="checkbox"/> Not eligible - Star Status/Rating</td> </tr> </table> <p>Comments:</p>	<input type="checkbox"/> Completed Program	<input type="checkbox"/> Medical/Family Situation	<input type="checkbox"/> Changed Jobs/Not in CC	<input type="checkbox"/> Scholar Moved	<input type="checkbox"/> Center Closed	<input type="checkbox"/> Not eligible - Income/Hours	<input type="checkbox"/> Fired from Center	<input type="checkbox"/> Not eligible - Owes Money	<input type="checkbox"/> Lack of Transportation	<input type="checkbox"/> Not eligible - Paperwork	<input type="checkbox"/> Dropped Out/Quit	<input type="checkbox"/> Not eligible - Star Status/Rating
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I certify the information given above is complete and accurate to the best of my knowledge, \_\_\_\_\_  
Approved – Scholar Coordinator/Scholars Program Staff Date \_\_\_\_\_