



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



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

Individual or Company Name	Phone #	Fax #		
Name on IRS Record (if different from above)	Phone #	Fax #		
Business/Home Address:				
(PO Box or Street, City, State, 9-Digit Zip Required)	E-Mail Address			
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.