



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

★ Tuition Scholarship 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



| | | | | | |
|---|---|--|---|------------------------------|--|
| Which community college do you plan to attend? | | | | | |
| Social Security #: - - | | Date you wish to begin: Year _____ <input type="checkbox"/> Fall <input type="checkbox"/> Mid-Fall <input type="checkbox"/> Spring <input type="checkbox"/> Mid-Spring <input type="checkbox"/> Summer | | Date of Birth: / / | |
| Last Name: | | First Name: | | MI: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Home Mailing Address: | | City: | | State: | Zip Code: |
| County of Residence: | | Home Phone: () - | | Cell Phone: () - | |
| E-mail Address: | | | | | |
| Credential to Pursue: <input type="checkbox"/> CDA Credential <input type="checkbox"/> Director's Certificate of Completion (Director's & Assistant Director's only) <input type="checkbox"/> Certificate of Mastery <input type="checkbox"/> Director's Certificate of Mastery (through OSU-OKC)(Director's & FCCP's only) <input type="checkbox"/> AA/AS degree in CD/ECE <input type="checkbox"/> AAS degree in CD/ECE Center Mgmt. /Admin. (Director's only) | | | | | |
| Do you foresee the need for services for a documented disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i> | | | Ethnic Origin: <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Nonresident Alien <input type="checkbox"/> Bi/Multi Racial <input type="checkbox"/> American Indian or Alaskan Native | | |
| High School Attended: (include city and state) | | | Year of Last High School Grade Completed: | | Highest Education Level Completed: |
| Do you have previous college credit <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Dates Attended: | | Credit Hours Earned: |
| Do you have previous clock hours towards your CDA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many hours? _____ Do you have a current CDA Credential? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, CDA Credential award/renewal date: _____ | | | | | |
| Facility Name: | | Director's Name: | | Work Phone: () - | |
| Employer's Mailing Address: | | City: | State: | Zip Code: | Work Fax Number: () - |
| Type of Facility: <input type="checkbox"/> Center <input type="checkbox"/> Home | Contract Number: | | License Number: | | Federal Tax ID Number: |
| Employment Start Date: | Star Rating: <input type="checkbox"/> 1-star plus <input type="checkbox"/> 2-star <input type="checkbox"/> 3-star | | Licensed Capacity: | | Total Enrolled: |
| Job Title: Family Child Care Home <input type="checkbox"/> Family Child Care Home Provider (FCCP) <input type="checkbox"/> Family Child Care Home Provider Assistant | | | Job Title: Child Care Center <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 | | DHS or Tribal Subsidy Children Enrolled: # _____ % |
| | | | | | Hours Worked per Week: |
| | | | | | Hourly Wage: \$ |

Scholarship Application Checklist

- Child Care Facility Employees:**
- Completed Application
 - Current Check Stub
 - Pell Documentation
 - Payee Form (from CCC or FCCH)

- Center Owners:**
- Completed Application
 - Current Check Stub
 - Pell Documentation
 - Payee Form (from CCC)

- Family Child Care Providers:**
- Completed Application
 - Verification of Income Form
 - Pell Documentation
 - Payee Form (from self)

Approved: _____ Date: _____ Scholar Type: CL _____ NCL _____
Scholar Coordinator/SECC Scholarship Staff

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

Informed Consent and Release of Information

I, _____ agree to participate in the Scholars for Excellence in Child Care (Scholars) program. I give my permission for all personal information, educational information, assessment, transcripts, class completion information, grades, financial aid, and survey data to be collected throughout the course of my participation in the program to be used for evaluation, reporting, and research purposes. Such information collected or produced as a result of participation in the Scholars program may be shared with the Oklahoma Department of Human Services (OKDHS) for the purpose of verifying compliance with "Reaching for the Stars" and Child Care Licensing requirements. In addition, student specific information may be utilized by the OKDHS to evaluate the progress and success of students in determining the effectiveness of the initiative.

Student specific information may also be shared with the University of Oklahoma's Center for Early Childhood Professional Development (CECPD) or the Oklahoma Department of Career and Education Technology (Career Tech) for the purpose of evaluating training needs and program evaluation for persons jointly participating in Scholars and other professional development initiatives offered by CECPD or Career Tech including REWARD Oklahoma, Child Care Careers, the Registry, Pathways or other general professional development activities.

_____ is an equal opportunity institution, and complies with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Americans with Disabilities Act, and other federal laws and regulations. It does not discriminate on the basis of race, color, national origin, sex, age, religion, disability, or status as a veteran in any of its policies, practices, or procedures.

Scholarship Participant

Date

Scholarship Grade Policy

If a grade of "D" is received:

- ✓ The number of hours in which a scholar can enroll the next semester may be limited
- ✓ The scholarship will not pay for the class again

If a grade of "F" or "W" (withdrawal) is received:

- ✓ The scholar must reimburse the Oklahoma State Regents for Higher Education within one semester
- ✓ The number of hours in which a scholar can enroll the next semester may be limited

If an "I" (incomplete) is received:

- ✓ The scholar may enroll in another class, however the work must be completed and the "I" changed to a passing letter grade prior to the end of the following semester before continuing on the scholarship.

***Scholars will be invoiced for 80% of tuition and fees by the Scholars program office upon receipt of semester grades by the Scholar Coordinator.**

*The Scholars Program will not pay for a class to be retaken until the scholar invoice has been paid in full. After receipt of initial invoice, contact the Scholars program office to make payment arrangements. If payment arrangements or final payment has not been received within one semester, the scholar will be terminated from the Scholars program and will not be eligible for an education stipend.

Note: If a scholar enrolls in or attends class before notice of scholarship approval has been given or notifies the Scholar Coordinator of their enrollment, then the scholar will be solely responsible for tuition, fees and book charges.

Scholarship Applicant

Date

Scholarship Application Deadlines

July 15 - Fall Semester September 15 - Mid-fall Semester
December 15 - Spring Semester February 15 - Mid-spring Semester
May 15 - Summer Semester



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

★ Pell Documentation Form ★

Scholars Name: _____

Community College: _____

All applicants/participants of the Scholars for Excellence in Child Care Tuition Scholarship are required to apply for the Free Application for Federal Student Aid (FAFSA) each academic year and submit documentation verifying application of the FAFSA for a Pell grant. The Pell grant (or other financial aid/grants, scholarships, or student loans) will be applied toward tuition, fees, and books before the program scholarship. If for some reason, the program scholarship is applied and pays for the tuition, fees and books before the Pell grant or other aid/loans are received, the scholar is responsible for refunding the said amount to the program scholarship office.

One of the following items must be submitted as verification of having applied for the FAFSA:

- ◆ Copy of completed FAFSA application
- ◆ Copy of FAFSA signature page (if completed on-line)
- ◆ Copy of FAFSA postcard confirming receipt of application
- ◆ Signature of Scholar Coordinator or Financial Aid Officer verifying application for Pell grant

Signature of Scholar Coordinator or Financial Aid Officer

Date

If you have a bachelor of science or arts degree or have defaulted on a student loan, to meet the Pell documentation requirement you may submit one of the following:

- ◆ copy of your bachelor's degree
- ◆ copy of your transcript showing that a bachelor's degree has been awarded
- ◆ obtain a letter from the financial aid office stating that you are not eligible for Pell grant



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: |
|------------------|--------------|-----|



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.