



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

★ Checklist for Technology Center Tuition Application ★

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

Toll Free: 866.343.3881
Phone: 405.225.9396
www.okhighered.org/scholars



Technology Tuition Scholarship Application:

- Complete all information requested on application
- Sign and date Informed Consent, Release of Information, and Scholarship Grade Policy
- Provide verification of income:
 - Teacher - a copy of a current check stub indicating gross salary, and hours worked
 - Director as Employee - a copy of a current check stub indicating gross salary, and hours worked
 - Director as Owner - a copy of a current check stub indicating gross salary, and hours worked
 - Family Child Care Provider - Verification of Income Form
- Sign and date scholarship agreement
- Complete Payee Form with the child care facility/ child care home information
- Provide a copy of ELCCT certificate (if employed less than 3 months of employment start date)



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Name of technology center you plan to attend? _____			
I plan to attend classes: <input type="checkbox"/> Local technology center <input type="checkbox"/> On-line <input type="checkbox"/> Other _____			
Year you wish to begin: _____ Semester: <input type="checkbox"/> Fall (Aug.-Dec) <input type="checkbox"/> Spring (Jan.-April) <input type="checkbox"/> Summer (May-July)			
Do you have previous clock hours towards your CDA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many hours? _____			
Social Security #: _____		Drivers License # / Issuing State _____	
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"/> Child Development Associate (CDA) <input type="checkbox"/> Certified Childcare Professional (CCP)			
Type of CDA Setting <input type="checkbox"/> CDA, Center Based: Infant/Toddler <input type="checkbox"/> CDA, Center Based: Preschool <input type="checkbox"/> CDA, Family Child Care			
Do you foresee the need for services for a documented disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____		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: _____		Year of HS graduation/GED: _____	
Do you have previous college credit <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, within the last 5 year <input type="checkbox"/> Yes <input type="checkbox"/> No			
Total College Credit Hours Earned: _____		Number of CD/ECE College Credit Hours Earned: _____	
Facility Name: _____		Supervisor'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: _____
DHS or Tribal Subsidy Children 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 hours worked with children: _____ <input type="checkbox"/> Director/Employee <input type="checkbox"/> Assistant Director <input type="checkbox"/> Master Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher	
Hours Worked per Week: _____		Hourly Wage: \$ _____	

Approved: _____ Date: _____
Scholars Program 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

Satisfactorily pass each unit within the modules. In the event the unit is not satisfactorily passed, agree to pay the cost for retaking the unit, and reimburse the Oklahoma State Regents for Higher Education \$3.60 per clock hour. The Scholars program will pay for the unit a second time as long as payment in full has been received before retaking the unit.

Note: If a scholar enrolls in or attends class before notice of scholarship approval has been given then the scholar may be solely responsible for tuition, fees, and curriculum materials.

Scholarship Participant

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

*Applications will be accepted within 2 weeks of class start 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.