Technology Center
Tuition Scholarship Application
Checklist

Child care providers meeting Scholars program eligibility requirements, may apply for the scholarship by complete the following:

☐ Complete all information requested on the Tuition Scholarship Application
☐ Read, sign, and date the Informed Consent and Release of Information
☐ Read, sign, and date and the Scholarship Agreement
☐ Provide verification of hours:
  • Center Provider – a copy of a current check stub indicating hours worked
  • Family Home Provider – complete a Verification of Hours form

Return the completed application to the Scholars for Excellence in Child Care program office at the address listed above.
Name of technology center you plan to attend? ________________________________________

I plan to attend classes: □ Local technology center □ Online □ Other ______________________

Year you wish to begin: ___________ Semester: □ Fall (Aug.-Dec) □ Spring (Jan.-April) □ Summer (May-July)

Do you have previous clock hours towards your CDA? □ Yes □ No If yes, how many hours? ________________

Social Security #: __________________ Oklahoma Professional Development Registry Number: __________________ Date of Birth: __/__/____

Last Name: ___________________________ First Name: ___________________________ MI: ________ Gender: □ Male □ Female

Mailing Address: ______________________ City: ___________________________ State: _______ Zip Code: ___________

County of Residence: __________________ E-mail Address: ______________________ Phone: ( ) ________

Ethnic Origin: □ Black, Non-Hispanic □ White, Non-Hispanic □ Hispanic □ Asian or Pacific Islander □ American Indian or Alaskan Native □ Bi/Multi Racial □ Nonresident Alien

Year of HS graduation/GED: (4 digits) Do you have previous college credit? □ Yes □ No Total College Credit Hours Earned: ________ Year Last Attended: ________

Credential to Pursue: □ Child Development Associate (CDA) □ Certified Childcare Professional (CCP)

Type of CDA Setting □ CDA, Center Based: Infant/Toddler □ CDA, Center Based: Preschool □ CDA, Family Child Care

Facility Name: ______________________ Facility Phone: ( ) ________ Facility Fax Number: ( ) ________

Facility Address: ______________________ City: ___________________________ State: _______ Zip Code: ___________

Facility Type: □ Center □ Home □ HS/EHS Star Rating: License Number: Federal Tax ID Number: Employment Start Date: ___________

Supervisor Name: ______________________ Hours Worked Per Week: ________ Hourly Wage: ________ Licensed Capacity: ________ Total Enrolled: ________

Job Title: □ Director/Owner □ Assistant Director □ Teacher □ Family Child Care Home Provider (FCCP) □ Director/Employee □ Master Teacher □ Assistant Teacher □ FCCP Assistant

Approved: ___________________________________________ _______________ 
Scholars Program Scholarship Staff Date

The Scholars program is a collaboration with the State Regents for Higher Education and the Department of Human Services.
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, billing, 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 and institutional transfer for the Scholars program and the Oklahoma State Regents for Higher Education. Such information collected or produced as a result of participation in the Scholars program may be shared with the Department of Human Services (DHS) for the purpose of verifying compliance with Child Care Licensing requirements and with “Reaching for the Stars”. In addition, student specific information may be utilized by the DHS 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, Child Care Careers, the Registry, Pathway 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 Applicant __________________ Date __________________

Scholarship Grade Policy

Satisfactorily pass each unit. In the event the unit is not satisfactorily passed, agree to pay the cost for retaking the unit. The Scholars program will only pay for the individual units one time.

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 Applicant __________________ Date __________________

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★ TECHNOLOGY CENTER TUITION SCHOLARSHIP AGREEMENT ★

This agreement includes the child care provider, the child care facility, the Scholars for Excellence in Child Care program, and the Oklahoma State Regents for Higher Education. 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 modified or terminated and such notice will be provided in writing to the parties herein.

Section I:
Administered by the Oklahoma State Regents for Higher Education, the Scholars Program will:

- Pay the sum of $3.90 per clock hour for each unit (1-10) & pay 100% for the curriculum materials.

Section II: Scholar Responsibilities

I, ____________________________, meet and agree to maintain the following scholarship eligibility requirements:

- Be employed at a licensed child care facility at least six months before beginning coursework
- Be employed in a licensed child care facility participating in the state ORIS program with a rating of one-star or higher
- Be employed as a teacher, assistant director, director, family child care provider assistant, or family child care provider (caring for children other than my own) working at least 30 hours per week
- Agree to attend __________________________ technology center for the Early Education: Pathway to Your National Credential program.

and I further agree to the following:

- Participate in the Scholars program beginning with the following term:
  Fall 20____ (August–December)  Spring 20____ (January–May)  Summer 20____ (May–July)
- Complete Early Education: Pathway to Your National Credential coursework within 10-12 months.
- Remain enrolled in the Early Education: Pathway to Your National Credential program and pass the End of Instruction exam before transferring to the community college.
- Satisfactorily pass each unit. The Scholars program will only pay for the individual units one time.
- Pay the technology center $0.45 per clock hour for the cost of each unit, in accordance with the technology center payment policy.
- Notify the scholarship program office of any changes in class schedule or employment status.
- Remain employed, working 30 hours per week, at current child care facility to complete this one-year agreement.

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 with the scholarship program.

I agree to the terms and conditions set forth above, and will adhere to all Scholars for Excellence in Child Care program policies. In addition, I understand my scholarship will not be valid until I receive my official notification letter of approval from the Oklahoma State Regents for Higher Education.

________________________________________  _________________________  
Scholarship Applicant  Date

Continued on page two

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Section III: Child Care Facility

As the director of _________________________________ child care facility, I agree that the undersigned child care professional from this facility can participate in the Scholars for Excellence in Child Care program. I agree to be supportive of the undersigned child care professional in his/her educational endeavors. I also agree to allow the scholar coordinator to meet with the scholar at this facility each semester to better ensure my staff's success in the Scholars program and courses enrolled.

__________________________________________  __________________________________
Child Care Facility Director/Owner  Date
Family Child Care Home Providers
Verification of Hours

In lieu of a check stub, for documentation required for the scholarship application, family child care home providers may complete the Verification of Income form.

As a Department of Human Services, Child Care Services licensed Family Child Care Home participating in the “Reaching for the Stars” quality initiative, I, ________________________________, the family child care home provider declare that I am currently working at least 30 hours per week and I 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 hours worked at any time during my scholarship agreement term.

_________________________________________  _________________
Family Child Care Home Provider Signature          Date

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