

VIRGINIA CHILD CARE PROVIDER SCHOLARSHIP PROGRAM APPLICATION

This application form is for students who are requesting a Virginia Child Care Provider Scholarship from a FOUR-YEAR college or university or for students who do not have access to the internet to complete the online application. All other students must complete the [online application](#).

Please submit this application to: vaccschoalrship@doe.virginia.gov

| STUDENT INFORMATION | | | | |
|---------------------|------|-----------|----------------------|---------------|
| First Name | MI | Last Name | Last 5 Digits of SSN | Date of Birth |
| | | | | |
| Street Address | City | | State | Zip Code |
| | | | | |
| Email Address | | | Phone Number | |
| | | | | |

| EDUCATION LEVEL | TUITION CATEGORY | Have you applied for this scholarship before? | | If no, do you intend to work in a child care program in Virginia? | |
|-----------------|------------------|---|----|---|----|
| | | Yes | No | Yes | No |

| EMPLOYER INFORMATION | | | |
|---|-----------------------------------|-------|----------|
| Please indicate the type of facility where you are employed: | | | |
| Other (Please specify): | | | |
| With what age group of children do you work? | | | |
| | | | |
| Please list the name of the child care facility or business where you work. | | | |
| | | | |
| Address of Child Care Facility | City | State | Zip Code |
| | | | |
| Child Care Facility Telephone Number | Child Care Facility Email Address | | |
| | | | |
| Does this program participate in VQB5 (Virginia's early childhood care and education system)? | | | |
| Yes No | | | |

ALL STUDENTS MUST COMPLETE THIS SECTION: Please provide the name of the college or university that you are planning to attend. If you are applying for scholarships for two (2) courses at two (2) different colleges/universities, please list both below.

You may select a maximum of two (2) non-CHD courses over the lifetime of your participation in the Virginia Child Care Provider Scholarship Program.

| | |
|-------------------------------|----------------------|
| Name of College or University | Student ID Number |
| | |
| College Course Number One | College Course Title |
| | |
| Name of College or University | Student ID Number |
| | |
| College Course Number Two | College Course Title |
| | |

FOUR-YEAR COLLEGE/UNIVERSITY APPLICANTS MUST COMPLETE THIS SECTION: Please provide the comparable community college course number and course title for the information you provided above.

Please NOTE: Four-year college/university courses will only be approved if there is a comparable community college course.

| | |
|---|--|
| Community College Equivalent COURSE NUMBER for Course One Listed Above | Community College Equivalent COURSE TITLE for Course One Listed Above |
| | |
| Community College Equivalent COURSE NUMBER for Course Two Listed Above | Community College Equivalent COURSE TITLE for Course Two Listed Above |
| | |

My signature below declares under penalty of perjury that all information provided is complete and true. I have read and understood the program eligibility information and Virginia child care employment criteria. I will provide my college/university with an "Authorization to Release Grades" form and give permission to release my grade(s) to the Virginia Department of Education for the purposes of the Virginia Child Care Provider Scholarship Program. I also give my permission for the VCCPSP to share my scholarship information with my college or university's financial aid office.

Signature: _____ Date: _____