

Virginia Child Care Provider Scholarship Program Application

DIRECTIONS: THIS APPLICATION IS ONLY ACCEPTED FROM STUDENTS THAT ARE REQUESTING A SCHOLARSHIP FROM A FOUR YEAR COLLEGE OR UNIVERSITY OR STUDENTS THAT DO NOT HAVE ACCESS TO THE INTERNET.

ALL OTHER STUDENTS MUST COMPLETE AN ONLINE APPLICATION.

SUBMIT THIS APPLICATION TO: VACCSCSCHOLARSHIP@DOE.VIRGINIA.GOV

First Name	Middle Name	Last Name
Last Five Digits of Social Security Number		Telephone Number
Date of Birth	E-mail Address	
Month	Home Address _____	
Day	City _____ State _____ Zip Code _____	
Year		

Education Level: Mark **X** for the level that applies to you.

_____	_____	_____	_____
Did not complete High School	High School Graduate/GED	1-year Early Childhood Certificate	Career Studies Certificate
_____	_____	_____	_____
Associate Degree	Bachelor's Degree	Master's Degree	Doctorate Degree

Your Tuition Category: _____ Out-of-State _____ In-State	Have you applied for scholarship before? _____ Yes _____ No
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If you answered No,
 Please certify that you intend to become employed in a child care program in Virginia by checking this line _____ and initial here _____.

WITH WHAT AGE GROUPS DO/DID YOU WORK? (MARK AN **X** FOR ALL THAT APPLY)

_____	_____	_____	_____
Infants (up to 16 months)	Toddlers (16 months 2 years)	Preschoolers (2 years–5 years)	School-age (5 year –12 years)

EMPLOYER INFORMATION: (Please indicate the type of facility where you are employed)

_____	_____	_____	_____
Licensed Center	Certified Preschool	Licensed Head Start	Licensed Family Home

Family Day System Home	Religiously Exempt Center	School Age Care Program	Unlicensed Head Start
Voluntarily Registered Family Home	Local DSS Approved Family Home	Other: (specify) _____	
CHILD CARE PROGRAM/BUSINESS INFORMATION WHERE YOU CURRENTLY WORK:			
Program/Business Name			
Address	City	State	Zip Code
Telephone	E-mail		
Does this program participate in the Virginia Quality Initiative?	___ Yes	___ No	

ALL STUDENTS MUST COMPLETE THIS SECTION

Provide below the name of the institution that you are planning to attend. If you are requesting scholarships for two courses at two different institutions, please complete both lines below.

1. College/University _____ Student ID: _____
2. College/University: _____ Student ID: _____

Provide below the course number(s) and title(s) of the courses for which you are requesting a scholarship. You may select up to two courses.

1. Course title: _____ Course number: _____
2. Course title: _____ Course number: _____

FOUR YEAR/UNIVERSITY STUDENTS:

Provide **ABOVE** the number(s) and title(s) of the undergraduate course(s) for which you are requesting a scholarship and the equivalent community college course(s). (You may select up to two undergraduate courses.) A course will only be approved if it is **comparable** to an approved community college course.

**** You must submit a course description for each and list comparable pre-approved courses ****

SIGNATURE AND DATE:

My signature declares under penalty of perjury that all information provided is complete and true. I have read and understand the Program eligibility information and Virginia childcare employment criteria. I will provide my college/university with a Authorization to Release Grades Form and give permission to release my grade(s) to VDSS/VDOE. I agree to provide any additional information that is required of scholarship recipients to VDSS/VDOE. I also give my permission for the Program to share my scholarship information with my college's Financial Aid Office.

Signature: _____ Date: _____