



## Early Learning Coalition of Southwest Florida

<b>Subject:</b> Professional Development Scholarships Policy		
<b>Policy #:</b> 420.2 ELCSWF-SR0025-09	<b>Category:</b> Program Quality and Standards	<b>Reference #:</b> OEL-SR-420
<b>Approval:</b> September 2, 2009	<b>Effective Date:</b> September 2, 2009	<b>Replaces (policy # and date):</b> ELCSWF-SR0025-08 3/26/08, 9/25/08

### **POLICY:**

1. Each fiscal year, funding may be allocated to support professional development scholarships to Early Learning Providers.
2. To be eligible for a scholarship, child care personnel staff must be employed with, or operating as, an approved School Readiness provider.
3. Applications for Professional Development Scholarships must be submitted to the COALITION on the "Professional Development Scholarship Application" (Form ELC-1022, incorporated by reference). The COALITION may establish deadline dates for submission of applications.
4. Scholarships are limited to one per person, per fiscal year. Exceptions may be approved by the Director of Professional Development.
5. Scholarship recipients are financially responsible for reimbursement for any scholarship money expended by the COALITION on their behalf, if the recipient:
  - a. Fails to complete the course or training, or
  - b. Receives funding from another source for the same course or training, or
  - c. Provides misleading or false information.

### **Associated Documents**

- Professional Development Scholarship Application (Form 1022)
- Professional Development Scholarship Approval Procedure (pending)

**Citation History:** 45CFR98, Code of Federal Regulations; Chapter 411.01-.243, Chapter 402.310-319, Florida Statutes; Rule 60BB-4, Florida Administrative Code.



# Professional Development Scholarship Application 2009-2010

Name:		Date:	
Organization:		Work Phone:	
Home Address:		City, Zip:	
Home Phone or cell :		Email:	
Age group of children taught: _____		Length of time in Early Child Care: _____	
Does the center/FCCH for which you work have a current signed School Readiness agreement?		Level of Education Completed: _____	
Briefly describe your professional development (educational and career) goals:  _____			
Amount requested: _____ Purpose of request - please include course name, number and school and why it is important to your professional development. _____  _____			
When will these funds be used? _____			
<b>Note: We pay for tuition only, not books or fees.</b>			
Have you applied for a T.E.A.C.H scholarship? ____ If yes, date of application: _____			
If no, please explain why not: _____ _____			
Have you applied for other scholarships within the past 12 months? _____			
If yes, when and from whom: _____			
Was the aid you applied for granted? _____			
Signature of Applicant: _____			
Signature of Facility Director: _____			

**Scholarship Application Process:**

- Call Gayla Thompson at (239)-267-4105 x29 before filling out form to discuss your professional development plan.
- Complete 2-page application
- Send application and supporting documentation to:

Early Learning Coalition of Southwest Florida  
Attention: Gayla Thompson, Director of Professional Development  
5256 Summerlin Commons Way, Suite 201  
Fort Myers, FL 33907

**PLEASE NOTE:**

- In the event you do not successfully complete this training or course you are responsible for the reimbursement to the Coalition for any scholarship money given to cover training fees.

Please initial \_\_\_\_\_

- In the event you receive funding from another source for the same training or course you are responsible for the reimbursement to the Early Learning Coalition for the amount of the scholarship money given to cover training fees.

Please initial \_\_\_\_\_

- Within 30 days of this training or course completion you are responsible for submitting a copy of your grades or certificate of attendance to Gayla Thompson, Director of Professional Development. **If you do not do so, you may not be considered for another scholarship in the future.**

Please initial \_\_\_\_\_

- If you do not attend this training or course you are responsible for reimbursement to the Early Learning Coalition for the payment of any costs covered by this scholarship.

Please initial \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

*This section for Scholarship Approval:*

Scholarship Approved:    Yes / No                      Date Individual Notified of approval: \_\_\_\_\_

Signature of Professional Development Director: \_\_\_\_\_