



Professional Development Application 2011-2012

Name:					Date:			
Child Care Facility:				Age group taught:			Yrs. In Field	
Home Phone:				Cell Phone:			Work Phone:	
Home Address:					City:			
State:			Zip:			Email:		

Does the center/FCCH for which you work have a 2011-2012 signed school readiness agreement?
 Yes No

Level of education completed: (Please attach a copy of HS diploma, GED, or highest degree received)
 HS Diploma GED AA/AS Degree BA/BS Degree MA/MS Degree

Briefly describe your professional development (educational and career) goals:

Amount Requested:	\$	When will these funds be utilized?	
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Purpose of request-Please include course name, number, and school, or conference and why it is important to your professional development?

NOTE: We Pay for tuition only, not books or fees.

Have you applied for a T.E.A.C.H. scholarship? Yes No If yes, date of application: _____
 If no, please explain why not:

Have you applied for other scholarships within the past 12 months? Yes No
 If yes, when and from whom: _____
 Was the aid you applied for granted? Yes No

Signature of Applicant: _____
 Signature of Facility Director: _____

*Please note– grants that add up to \$600 or over in the calendar year may be subject to taxation by the IRS, documentation of which may be sent to you on a 1099 form

Scholarship Application Process:

- ◆ Call Gayla Thompson at 239-210-6868 **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, Associate Director of Program Services

5256 Summerlin Commons Way, Suite 201

Ft. Myers, Fl. 33907

Or Fax: 239-267-4109

PLEASE NOTE:

- ◆ In the event you do not successfully complete this training, course or conference you are responsible for the reimbursement to the Coalition for any scholarship money given to cover training/conference fees.
Please initial _____
- ◆ In the event you receive funding from another source for the same training, course or conference you are responsible for the reimbursement to the Early Learning Coalition for the amount of the scholarship money given to cover training/conference fees.
Please initial _____
- ◆ Within 30 days of this training, course or conference completion you are responsible for submitting a copy of your grades or certificate of attendance to Gayla Thompson. **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, course or conference 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 is for Scholarship Approval:

Scholarship Approved: ___ Yes ___ No Date Individual Notified of Approval: _____

Signature of Associate Director of Program Services: _____