

OREGON STATEWIDE SCHOLARSHIP PROGRAM

**We Want to Give YOU
Money to Support Your
Professional Development!**

**The *John & Betty Gray Early Childhood Initiative* of
The *Oregon Community Foundation* can help YOU!**

If YOU are:

- A Registered Family Child Care Provider
- Staff at a Certified Child Care Center, After-School Program (Elementary/Middle School ages), Certified Family Child Care Home, or an Exempt Child Care Center

Scholarships MAY help to pay YOUR costs for:

Oregon Registry Trainer Program Approved Set Two and Set Three training offered through child care resource and referral programs and/or co-sponsored by the following professional organizations:

- Oregon Association for the Education of Young Children (OAEYC)
- National Association for the Education of Young Children (NAEYC)
- Provider Resource Organization (PRO)
- Oregon Association of Child Care Directors (OACCD)
- Oregon School Age Coalition (OSAC)
- National After School Alliance (NAA)
- National Association for Family Child Care (NAFCC)

Professional **Conference fees** offered through the above listed organizations, with the following **conditions:**

- Only the amount of the Member Early Registration fee will be funded
- Application must be received by OCCD 10 business days prior to conference date

Community College costs that meet the following criteria:

- Tuition for coursework that enables practitioners to take classes until eligible for other financial aid or scholarship funds
- Up to 4 credits in the field of childhood care and education per term may be funded--proof of registration required prior to award of scholarship support
- CDA and Oregon Registry Step 7 Community College credit transcription fees

Professional Certification, Credentialing, Accreditation

- CDA related fees (assessment, observation, and renewal)
- Accreditation Fees –NAEYC, NAA, NAFCC, and ACSI
- Oregon Registry Application fees

Out of Country Degree Evaluation and/or Translation fees

GED Coursework and Fees

Note: You must be approved for a Step in the Oregon Registry before you can receive a second scholarship award.

For a Scholarship application, and/or for additional information, contact:

The Oregon Center for Career Development in Childhood Care & Education

Scholarship Staff: 503-725-8535, or toll free 1-877-725-8535

Email: occdscholarship@pdx.edu

Website: www.centerline.pdx.edu



Oregon Center for Career Development In Childhood Care and Education



Oregon Statewide Scholarship Program for Professional Development Application Packet 2009 - 10

Thank you for your interest in the Oregon Statewide Scholarship Program funded by the John and Betty Gray Early Childhood Initiative of the Oregon Community Foundation and administered by the Oregon Center for Career Development in Childhood Care and Education (OCCD). Once you are approved, the scholarships can help to support your professional development in the field of childhood care and education. The program will help with training, education, and other costs related to CDA certification, completion of an AA/AS degree program, advancement in the Oregon Registry, program accreditation, or achievement of a state approved credential. Maximum annual scholarship amount is not to exceed \$650 and is *subject to availability of funds*.

Scholarship Eligibility

- Applicants must work directly with children in a Child Care Division licensed (certified or registered) child care facility or a child care center legally exempt from licensing. This includes employees of Migrant Head Start programs who have been involuntarily terminated due to the seasonal nature of their position but are eligible for rehire.
- Each applicant may be eligible for up to *\$650 maximum* in annual scholarship awards (July 1 through June 30), *subject to availability of funds*. Awards granted for facility accreditation are in addition to the \$650 limitation.
- Scholarship is awarded for specific professional goals and specific professional development activities.
- Please note this change to the scholarship program requirements: To continue your participation you must have an Oregon Registry Step by the end of this program year (6/30/2010).

Payment Information

The scholarship awards are granted on a first come, first served basis and OCCD is under no obligation to provide financial support if:

1. The requested activity occurs after 6/30/10.
2. The necessary documentation to show completion has not been submitted.
3. The activity takes place before the Request for Payment Voucher / Reimbursement is approved.
4. Funds are not available.

There are two types of payment, a Payment Voucher and a Reimbursement Payment. Please read the following definitions carefully to understand the difference.

Payment Voucher: *Upon approval of your request, OCCD will send you a voucher. The voucher serves as proof that the OCCD office at PSU will pay the appropriate fee directly to the organization. Provide this voucher at the time of registration or application for your professional development activity.*

Reimbursement Payment: *A reimbursement is a payment made directly to you. A request for reimbursement must be pre-approved by the OCCD office. A request for reimbursement must include copies of financial documentation showing proof of personal payment by the applicant, such as: original receipts of personal payment, bank/credit card statements, front and back copies of check/money order, and/or bank card receipts. You must also provide a copy of documentation to show completion of the activity, such as: a copy of an unofficial transcript, a training session certificate, an Oregon Registry Step certificate, a CDA certificate, etc. Reimbursements will be paid directly to you and not to anyone else, including your employer. Reimbursements will be paid according to the Oregon University System procedures and policies. If requesting reimbursement, you must complete the attached W-9 form.*

Questions?

Contact OCCD Scholarship staff: 503-725-8535, toll free at 1-877-725-8535, email occdscholarship@pdx.edu, or visit www.centerline.pdx.edu

The following abbreviations are used in this application:

CDA: Child Development Associate
FIS: The Foundation for International Services (degree translation/evaluation)
NAA: National Afterschool Alliance
NAEYC: National Association for the Education of Young Children

NAFCC: National Association for Family Child Care
OACCD: Oregon Association of Child Care Directors
OAEYC: Oregon Association for the Education of Young Children
OSAC: Oregon School Age Coalition
PRO: Provider Resource Organization

Si necesita ayuda en Español por favor llame al Centro 1 (877) 725-8535

Simple Steps to the Oregon Statewide Scholarship Program for Professional Development

Scholarship support to achieve professional credentialing, professional certification and professional accreditation.



Complete the 2 page Enrollment Form (which enrolls you in the Oregon Registry as well as the Scholarship Program) and the 1 page Eligibility and Background Form including all required information. If you are ready to request support for a specific training, class or certification, you may complete the **Request for Payment Voucher /Reimbursement** at the same time. Be sure to include any required documentation. Mail or fax (503.725.5430) to OCCD.



If you are approved for scholarship, you will receive a letter of congratulations and a blank **Request for Payment Voucher /Reimbursement** form.



Once you are approved, complete and submit a **Request for Payment Voucher /Reimbursement** form whenever you are ready to apply for certification or to register for approved training or coursework. This form tells us how you would like to use your scholarship. If you need a new blank copy of this form for future requests, contact OCCD or visit www.centerline.pdx.edu. (Remember to fill out the W-9 form when asking for a reimbursement.



When OCCD approves the request, you will receive an **approval** letter.



In the case of vouchers, use one copy to submit with your application / registration to the certification / training organization. Keep one copy for your records. **Remember to mail/fax a copy of your completion documents (certificates, etc) to OCCD when you are finished.**



Remember that to continue your participation in the Scholarship Program you must have an Oregon Registry Step by the end of this program year.



Call or email OCCD Scholarship staff with any questions: 503.725.8535 or toll free 1.877.725.8535, email occdscholarship@pdx.edu, www.centerline.pdx.edu

ENROLLMENT FORM

You **MUST** complete items #1 – 6 for all applications

1. Name: _____
Last First Middle Former Name(s)

2. Date of Birth (MM/DD/YYYY): ____ / ____ / ____ 3. Last **FIVE** digits of your Social Security #: -

4. Mailing Address: _____
Street or PO Box

City State ZIP County

5. Primary Phone: (____) _____ Secondary Phone: (____) _____
 Cell Phone: (____) _____ FAX: (____) _____

6. Check only **ONE** and follow the directions provided:
 I have already completed items #7 – 15, and I have no changes to report. Go directly to items #16 & #17.
 I have not filled out items #7 – 15, or I need to update some of the information in items #7 – 15. Please continue and complete items #7 – 17.

7. Email Address: _____

8. Place of Employment: _____
If Self-employed, please provide business name

9. Position/Title: _____

10. What is your Child Care Division licensing status? (*Required: Check only ONE*):
 Registered Family Child Care Licensed Center-Based Child Care Program Staff
 Certified Family Child Care Exempt Center-Based Child Care or Preschool Staff
 Exempt Family Child Care None of the above

11. Of the following, which settings do you work in? What job(s) do you have? (*Required: Check all that apply*):

<input type="checkbox"/> Family Child Care	<input type="checkbox"/> In a Child's Home (i.e. Nanny)
<input type="checkbox"/> Center-Based Care	<input type="checkbox"/> Child Care Resource and Referral Program Staff
<input type="checkbox"/> School Age Care Program (before/after school) Staff	<input type="checkbox"/> State Agency Staff
<input type="checkbox"/> Head Start or Oregon Pre-K Head Start Program Staff	<input type="checkbox"/> Family Support Services
<input type="checkbox"/> High School Teen Parent & Child Development Program Staff	<input type="checkbox"/> 2 or 4 Year Higher Education Early Childhood Education Program Staff
<input type="checkbox"/> Early Intervention/Early Childhood Special Education Program Staff	<input type="checkbox"/> Trainer
<input type="checkbox"/> Elementary Grades K-4 Staff	<input type="checkbox"/> Private Consultant
<input type="checkbox"/> Family Member or Friend of Family Providing Care	<input type="checkbox"/> Other (e.g. Librarian, Mentor, etc.):

The next three items #12 – 14 are optional. We use this information to track our success in being inclusive of all populations.

12. What ONE racial/ethnic heritage BEST describes you? Please feel free to write in another word to describe your ethnic or cultural identity if your first choice is not listed.

- | | |
|--|---|
| <input type="checkbox"/> White/non-Hispanic/non-Latino | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> White/Hispanic/Latino | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Black/non-Hispanic/non-Latino | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Black/Hispanic/Latino | |

13. What is your primary language? _____

Do you speak any other language(s) in addition to your primary language? Yes No

If "YES", what other language(s) do you speak? _____

14. Gender Female Male



15. EDUCATIONAL BACKGROUND *(Required: Please check all that apply):*

- Oregon Registry Step: _____
- Less than a high school diploma
- High school diploma Year: _____
- General Educational Development (GED) Year: _____
- Child Development Associate (CDA) Year: _____
- Certificate from college, school or professional association, in: _____ Year: _____
- AA, AS, AAS or other 2-year college degree in: _____ Year: _____
- BA, BS or other 4-year college degree in: _____ Year: _____
- MA, MS, Med or other Master's degree in: _____ Year: _____
- PhD, EdD or other doctoral degree in: _____ Year: _____
- Other – Please specify degree and field of study: _____ Year: _____

16. CONFIDENTIALITY

- The Oregon Center for Career Development in Childhood Care and Education (OCCD) **will not**, under any circumstances, release the following individual information as public information: Ethnicity, Gender, Full Social Security Number.
- OCCD may share necessary individual information with the Department of Human Services (DHS) for the specific purpose of operating the Enhanced Rate Program (ERP).
- OCCD may grant access to individual directory information (i.e. name, address, county, phone, email) as public information to screened and appropriate professional partners in the field of childhood care and education.
- OCCD may grant access to individual program status information (i.e. Oregon Registry Program Step, pathway, degree, credential, certificate; and Oregon Registry Trainer Program Certification type, training counties, training languages, training sessions) as public information to screened and appropriate professional partners in the field of childhood care and education.
- If you DO NOT want to have your individual directory information or individual program status information release for these purposes, then you must notify OCCD in writing.
- You may request that OCCD grant additional access to your individual application or participation details for the Oregon Registry, Oregon Registry Trainer Program, or John and Betty Gray Scholarship Program. You may wish to grant this access for specific individuals such as your mentor, your supervisor, or others. You may wish them to have access to such things as the status of your application (i.e. reviewed, tabled, denied, approved), details regarding your training and education, steps you may need to take to receive approval, etc. If you wish others to have access to this individual application or participation status information, then you must notify OCCD in writing.

17. ACCOUNTABILITY STATEMENT *(Signature required)*

I have reviewed the information I have provided to the Oregon Center for Career Development in Childhood Care and Education (OCCD), and attest that, to the best of my knowledge, it is true and accurate. I agree to notify OCCD of any updates or changes to my information as they occur (e.g. change of address, name change, etc.).

Signature

Date signed

Printed Name

Thank you. Your enrollment form is now complete. Please send your completed form to:

**Portland State University – OCCD
PO Box 751
Portland OR 97207-0751**

...and you will be enrolled in the Oregon Registry as an active professional in the field of childhood care and education.

Visit our website (www.centerline.pdx.edu), or call us toll free at 1-877-725-8535 for more information about the Oregon Registry, the Oregon Registry Trainer Program, Sponsoring organizations, or the Statewide John and Betty Gray Scholarship Program.



Oregon Center for Career Development in Childhood Care and Education

Oregon Statewide Scholarship Program for Professional Development
ELIGIBILITY AND PROFESSIONAL BACKGROUND FORM

A. Choose one of the following three options to establish your eligibility for July 1, 2009 through June 30, 2010.

- Option 1: A REGISTERED Family Child Care Home. Must attach a copy of your current State of Oregon Child Care Division Family Child Care Registration. Skip to Section B.
Option 2: Staff of a CERTIFIED Child Care Center or a CERTIFIED Family Child Care Home. Must attach a copy of the facility's current State of Oregon Child Care Division Child Care Center or Family Child Care Home Certification and have a supervisor complete the Supervisor Statement below.
Option 3: Staff of a Child Care Center EXEMPT from Child Care Division licensing. Must have a supervisor complete the Supervisor Statement below.

NOTE: Migrant Head Start staff who are on "lay off status" may attach a copy of their "Separation from Service" form indicating that they are eligible for rehire in place of the supervisor's signature.

Supervisor Statement

Supervisor Name:
Facility Name:
Address:
Supervisor Email:
Supervisor Phone: Supervisor Fax:

The above facility has limited to no financial support for staff professional development costs. In addition, if Option 3 is selected above, I attest the facility is exempt from Child Care Division licensing.

Supervisor Signature REQUIRED:

B. Please answer the following questions about yourself as a professional.

- 1. How many years (or months) have you worked in the field? Total Years: or Total Months:
2. How long do you plan to continue working in the field? Less than 1 year, 1 to 2 years, 3 to 5 years, More than 5 years
3. What professional goals would this scholarship help you achieve in the next one to two years? To be eligible for scholarship you must check at least one goal and must provide an approximate date.
Achieve an Oregon Registry Step by (date)
Advance in the Oregon Registry Steps by (date)
Achieve an Oregon Registry Credential by (date)
Achieve a CDA certificate by (date)
Achieve a community college 2 year degree by (date)
Achieve NAFCC Program Accreditation by (date)
Achieve equivalency in the United States for a foreign degree in the field by (date)

I attest that I need financial support for professional development and that all information provided on this application is true and accurate. I understand that eligibility alone does not guarantee that I will receive a scholarship award and that awards are made on a first come first serve basis as funding allows. By participating in the Statewide Scholarship for Professional Development Program I agree to take part in any future evaluation of the program.

Printed Name:

Signature

Date

Mail or fax (503-725-5430) your completed application materials to: OCCD -- Portland State University, P.O. Box 751, Portland, OR 97207-0751, Attn: Scholarship

Table with 3 columns: Office Use Only, Review Date, Approved By, Approval Date



Oregon Center for Career Development In Childhood Care and Education



Si necesita ayuda en Español por favor llame al Centro 1 (877) 725-8535

Oregon Statewide Scholarship Program for Professional Development Request for Payment Voucher / Reimbursement Form

Complete this form when you are ready to request scholarship support for your professional development

Name: _____

Last
First
Middle
Former Name(s)

Mailing Address: _____

Street or PO Box
City
State
Zip

Primary Phone: (____) _____ Secondary Phone: (____) _____

Instructions: Requests for scholarship support for costs described on the Request for Payment Voucher / Reimbursement Form must be received by OCCD before 6/15/2010. You must request **either a Payment Voucher or a Reimbursement for each activity for which you are seeking support. The activities you choose must help you achieve your professional goals as stated in question B.3 on the application. Any other related costs are not covered by this scholarship program. You may choose more than one activity and you may submit this form more than once. Vouchers will expire 60 days after being issued.**

	Cost
<input type="checkbox"/> Request for Conference or Community Based Training : Conferences must be sponsored by one of the following professional organizations: OACCD, OAEYC, NAEYC, PRO, NAFCC, OSAC, or NAA. Only the member, early registration costs of conferences will be awarded. Voucher requests must be received by OCCD 10 business days before the date of the conference. Only approved Set Two or Set Three Community Based Trainings offered by the above organizations, a community college or child care resource and referral program are eligible. Training Organization: _____ Training Dates: _____ Training Session Title(s): _____ 1) _____ 2) _____	<input type="checkbox"/> Voucher <input type="checkbox"/> *Reimbursement \$ _____
<input type="checkbox"/> Request for community college course tuition (in the field). Proof of class registration required . Books, parking and additional fees are not covered. No more than 4 credits per term will be funded. College Name: _____ Term/Class Dates: _____ Course Number and Class Title: (Example, ECE 103 Early Childhood Observation) 1) _____ 2) _____	<input type="checkbox"/> Voucher <input type="checkbox"/> *Reimbursement \$ _____
For each request after the third scholarship funded class, your advisor/instructor's signature is required to assure that this class will contribute to your professional development plan (advisor/instructor email/fax also accepted). Signed: _____ Date: _____	
<input type="checkbox"/> Request for transcription fees for a CDA or Oregon Registry Step 7 for community college credit. You must attach proof of transcription. <input type="checkbox"/> CDA Transcription <input type="checkbox"/> Step 7 Transcription Submission Date: _____ College Name: _____	<input type="checkbox"/> Voucher <input type="checkbox"/> *Reimbursement \$ _____
<input type="checkbox"/> Request for tuition or test fees to a community college to complete GED coursework to meet CDA or college entrance requirements. Attach proof of test appointment or class registration. College Name: _____ Term/Class Dates: _____ Course Number and Class Title: _____ 1) _____	<input type="checkbox"/> Voucher <input type="checkbox"/> *Reimbursement \$ _____

*For all Reimbursements complete the attached W-9 Form

Continue on the back

<input type="checkbox"/> Request for an Oregon Registry Application fee (\$10 for Steps 3-12) for: Step: _____ Application Date: _____	<input type="checkbox"/> Voucher <input type="checkbox"/> *Reimbursement	\$
<input type="checkbox"/> Request for CDA Credential, CDA Renewal, or Second Setting Credential fee. You must attach a copy of your completed CDA application. <i>OCCD will issue you a voucher to be included with your CDA application. Contact CDA Council for application and program information: www.cdacouncil.org</i>	<input type="checkbox"/> CDA Credential Application fee (\$325) <input type="checkbox"/> CDA Renewal fee (\$50) <input type="checkbox"/> Second Setting Credential Application fee (\$225)	<input type="checkbox"/> Voucher <input type="checkbox"/> *Reimbursement
Application Date: _____		\$
<input type="checkbox"/> Request for a CDA Observation fee (\$125 Reimbursement only). <i>Please include a copy of your signed and dated application form indicating your observation is complete. Contact CDA Council for application/program information: www.cdacouncil.org</i>	<input type="checkbox"/> *Reimbursement	\$
<input type="checkbox"/> Request for NAFCC Self Study, Accreditation, Renewal, or Re-accreditation fee. Only the member costs will be awarded. You must attach copy of the appropriate NAFCC application form. Contact NAFCC for information: www.nafcc.org	<input type="checkbox"/> Self Study enrollment fee (\$300). <input type="checkbox"/> Accreditation fee (\$500). <input type="checkbox"/> Renewal fee (\$150). <input type="checkbox"/> Re-Accreditation fee (\$500).	
Application Date _____	<input type="checkbox"/> Voucher <input type="checkbox"/> *Reimbursement	\$
<input type="checkbox"/> Request for an <i>in field</i> Foreign Degree Translation / Evaluation fee. <i>Contact the Foundation for International Services for application information and cost estimate. You must submit a copy of your FIS application and a copy of your transcript or degree with your voucher request.</i> <div style="text-align: right;"><i>425-487-2245 www.fis-web.com</i></div>	<input type="checkbox"/> Voucher <input type="checkbox"/> *Reimbursement	\$

*For all Reimbursements complete the attached W-9 Form

Grand Total: \$

Please read and sign:

- Once I complete my professional development activities, I will provide OCCD with documentation to show completion, such as a copy of a transcript, a training session certificate, or a CDA certificate.
- If I do not use my Payment Voucher, I will contact the OCCD office immediately.
- I understand that OCCD is under no obligation to provide financial support if: the requested activity occurs after 6/30/10; the necessary documentation to show completion has not been submitted; the activity takes place before the request for payment voucher /reimbursement is approved.
- I understand that the scholarship awards are granted on a first come, first served basis. Maximum annual scholarship amount is not to exceed \$650 and is subject to availability of funds.
- I understand that to continue my participation in the Scholarship Program I must attain an Oregon Registry step by the end of this program year.
- For a community college tuition scholarship, I authorize the release of my name, address, and social security number to the community college for the sole purpose of awarding the scholarship funds.

Social Security Number: _____

(Social Security Number **only** required for community college tuition requests)

Signature _____

Date _____

When completed, mail or fax (503-725-5430) the completed form and any necessary documentation to:
 OCCD -- Portland State University
 P.O. Box 751
 Portland, OR 97207-0751
 Attn: Scholarship

Questions? Contact OCCD Scholarship support, at 503-725-8535/toll free 1-877-725-8535, occdscholarship@pdx.edu, www.centerline.pdx.edu

Office Use Only			Review Date:
Approved By: _____	Approval Date: _____	Amount: \$ _____	Index Code: _____



**Oregon Center for Career Development
In Childhood Care and Education**



Si necesita ayuda en Español por favor llame al Centro 1 (877) 725-8535

Oregon Statewide Scholarship Program for Professional Development

W-9 Request for Taxpayer Identification Number and Certification

Required for all scholarship reimbursement requests

Complete the W-9 Form below. Instructions are available upon request. Mail your Reimbursement Request, proof of payment, completion documentation and W-9 Form to OCCD:

Portland State University – OCCD
PO Box 751
Portland OR 97207-0751
Attn: Scholarship

Please note that faxes of Reimbursement Requests *will not be accepted*.

Questions? Call 1 (877) 725-8535 or (503) 725-8535

Form **W-9**

(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

**Give form to
OCCD. Do not
send to the IRS**

Print or type Specific instructions available upon request	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (see instructions) <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) <input type="checkbox"/> _____	<input type="checkbox"/> Exempt payee
	Address (number, street, and apt. or suite no.)	Requester's name and address: Portland State University PO Box 751 Portland OR 97207
	City, state, and ZIP code	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social Security Number	_____	_____
------------------------	-------	-------

or

Employer identification number	_____
--------------------------------	-------

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign
Here**

Signature of U.S.
person

Date