



Oregon Center for Career Development In Childhood Care and Education

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



The John & Betty Gray Early Childhood Initiative of the Oregon Community Foundation: Statewide Scholarship for Professional Development

Request for Payment Voucher / Reimbursement

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: Scholarship support is available only for the specific costs stated on the Request for Payment Voucher / Reimbursement Form and must be received by OCCD before 6/15/2008. Any other related costs are not covered by this scholarship program. Choose from the following professional development activities for which you are requesting either a Payment Voucher or a Reimbursement. Note that for each of the following activities you must request **either** a Payment Voucher **or** a Reimbursement. The activities you choose below must help to achieve your professional goals as stated in question B.4 on the application. You may choose more than one activity and submit this form more than once. Note that 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. Requests must be received by OCCD 10 business days before the date of the conference. Approved Set Two or Set Three Community Based Training offered by the above organizations, a community college or child care resource and referral program. 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). You must attach proof of registration. Books, parking and additional fees are not covered by this scholarship. Only tuition costs for one class per term may be requested. College Name: _____ Class Dates: _____ Course Number and Class Title: (Example, ECE 103 Early Childhood Observation) 1) _____	<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 College Name: _____ Class Dates: _____ Course Number and Class Title: 1) _____	<input type="checkbox"/> Voucher <input type="checkbox"/> Reimbursement \$

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 a CDA Credential Application fee (\$325) or CDA Renewal fee (\$50). 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 for application and program information: www.cdacouncil.org</i> Application Date: _____	<input type="checkbox"/> Voucher <input type="checkbox"/> Reimbursement	\$ _____
<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 for application/program information: www.cdacouncil.org</i>	<input type="checkbox"/> Reimbursement	\$ _____
<input type="checkbox"/> Request to apply for a NAFCC Accreditation / Re-accreditation fee. <i>NAFCC requires 2 payments of \$247.50 per application.</i> <i>I am requesting:</i> <input type="checkbox"/> Payment #1 <input type="checkbox"/> Payment #2	<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 with your voucher request.</i> <i>425-487-2245 www.fis-web.com</i>	<input type="checkbox"/> Voucher <input type="checkbox"/> Reimbursement	\$ _____
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 grade roster, 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 6/30/08; 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.
- 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 & reimbursement 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: