



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> 425-487-2245 www.fis-web.com	<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: _____