



# Smart Start Professional Learning Grant Application

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

\*Important notifications, deadlines and program details will be communicated via email. Professional Learners will be expected to check emails, respond when necessary and meet all deadlines communicated within.

## Education

Are you enrolled in a degree program for Early Childhood Education? YES NO

Where are you enrolled? \_\_\_\_\_

What degree will you receive? \_\_\_\_\_

When will you graduate? \_\_\_\_\_

Current Semester Enrolled in Courses: \_\_\_\_\_ Total Credit Hours to be Earned this Semester: \_\_\_\_\_

Please list the courses you are taking this semester and the hours earned per course:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you graduate this semester? If yes, what degree will you earn? \_\_\_\_\_

Will you receive a certification this semester? If yes, what certification level will you reach? \_\_\_\_\_

\_\_\_\_\_

[Type here]

### Current Employment

Child Care Center: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Director: \_\_\_\_\_

Job Title (Must be a Director, Teacher, or Teacher Assistant): \_\_\_\_\_

Hours per week in a Classroom (30+required): \_\_\_\_\_

Start Date at Current Job (must have been employed at least 6 continuous months): \_\_\_\_\_

Signature of Center Director: \_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to acceptance into the Professional Learning Program, I understand that false or misleading information in my application may lead to forfeiture of grant monies.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_