|  |  |
| --- | --- |
|  | Smart Start Professional Learning Grant Application |

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## 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[ ]  |

If your answer is “NO,” in what is the name of your degree program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Will you receive one of the following certificates or degrees this semester? If the answer is “NO” to all, then you do not need to apply this semester.

Infant/Toddler Certificate

|  |  |
| --- | --- |
| YES[ ]  | NO[ ]  |

Administration Level 2 Certificate

|  |  |
| --- | --- |
| YES[ ]  | NO[ ]  |

Administration Level 3 Certificate

|  |  |
| --- | --- |
| YES[ ]  | NO[ ]  |

Associate’s Degree

|  |  |
| --- | --- |
| YES[ ]  | NO[ ]  |

Bachelor’s Degree

|  |  |
| --- | --- |
| YES[ ]  | NO[ ]  |

## 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.

I acknowledge that any change in employment during the contract payment period will void all benefits.

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: |  |