SCHOLARSHIP MATRIX

CCP Assessment Scholarship

<table>
<thead>
<tr>
<th>Scholarship*</th>
<th>Scholars Program</th>
<th>Child Care Facility</th>
<th>Child Care Provider*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment Fee:</td>
<td>CCP - $295</td>
<td>Assessment fee to be paid by the sponsoring child care facility or by the child care provider:</td>
<td>CCP - $200</td>
</tr>
<tr>
<td>Education</td>
<td>Must have completed all requirements for the credential assessment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Stipend**</td>
<td>$100 – $200** upon receipt of credential***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commitment</td>
<td>If fee paid by child care facility, remain employed at the child care facility for at least six months after receiving credential.</td>
<td>Remain employed in the child care field for at least six months after receiving credential.</td>
<td></td>
</tr>
</tbody>
</table>

*Family child care providers are not eligible to earn the CCP.

** $100 educational stipend to Pathway scholars upon receipt of the national credential. (During the Pathway plan of study, these scholars will have already received: 1.) a $75 educational stipend for successful completion of 90 clock hours of Early Education: Pathway to Your National Credential coursework; and 2.) a $75 educational stipend upon notification from the State Department of Career and Technology Education for successfully passing the Pathway End of Instruction Exam and being awarded the Early Education: Pathway to Your National Credential Competency Certificate.

Non-Pathway scholars will receive the one time stipend of $200 upon receipt of the national credential.

*** A copy of the credential must be received by the Scholars Program within 90 days of the credential award date.

Next steps, after earning credential:

1. **Director’s Pathway:** With a current national CDA Credential (or higher education i.e. CD/EC credit hours, Certificate of Mastery, etc.) child care center directors, assistant directors, and family child care home providers may apply for the Early Care and Education: Director’s Pathway to Program Administration. Director’s Pathway is a comprehensive child development/early childhood child care administration program offered through the technology center. This training prepares providers for business management and leadership in child care.

2. **College:** With a current national CDA Credential or CCP Credential and successful completion of 12 credit hours at a community college, a minimum of 6 credit hours in child development/early childhood education toward an associate degree in child development/early childhood education may be awarded.

Note: REWARD Oklahoma is a program designed to promote quality child care in Oklahoma. By advancing your child care career through higher education you could be eligible for salary supplements from REWARD Oklahoma if eligible. For more information, visit www.cecpd.org or call 888-446-7608.

*The Scholars program is a collaboration with the State Regents for Higher Education and the Department of Human Services.*
ASSESSMENT SCHOLARSHIP CHECKLIST

CCP Assessment Scholarship Application Checklist

The CCP is a national credential awarded by the National Early Childhood Program Accreditation (NECPA) to child care professionals who have successfully completed Child Care Professional (CCP) training and the assessment process, thus demonstrating educational and experiential activities that promote skill development in professional ability areas.

The Scholars program provides an assessment scholarship which pays $295 of the assessment fee and an education stipend to those awarded the CCP Credential. The CCP Candidate/scholar pays $200 of the assessment fee.

Child care providers meeting Scholars program eligibility requirements and who have completed the education component for the CCP through Early Care and Education: Pathway to Your National Credential training may apply for the assessment scholarship by completing the following:

- CCP Assessment Scholarship Application (complete all information requested)
- Informed Consent and Release of Information (read, sign, and date)
- CCP Assessment Scholarship Agreement (read, sign, and date)
- Verification of income:
  - Teachers and Directors – a copy of a current check stub indicating gross salary or hourly rate of pay and hours worked
  - Family Child Care Provider – complete a Verification of Income form
- Payee Form (complete with your personal information)
- Check or money order payable to ‘State Regents’ for $200

Include the following items with the CCP Assessment Scholarship Application:
- Completed NECPA/CCP Registration Form.
- Copies of all training documents showing CCP eligible training/education completed within the last 5 years. This may include:
  - Training Record from the Oklahoma Registry from CECPD
  - Early Care and Education: Pathway to Your National Credential CCP End of Instruction Competency Certificate

Return the completed applications (both the assessment scholarship application and the NECPA/CCP Registration Form), training documentation, and payment to Scholars for Excellence in Child Care at the address listed above.

Please note the following:
- You should make a copy of the eight (8) items listed above for your records.
- Only one assessment scholarship may be awarded per person.
ASSESSMENT SCHOLARSHIP APPLICATION

Assessment Scholarship Eligibility Requirements

Child care providers must:
- Work in a one-star or above DHS or tribal licensed child care facility with a minimum of 10 percent subsidy children at the time of application. If the facility does not meet the 10 percent subsidy criteria then provide a letter of justification for lack of 10 percent.
- Work as a teacher, family child care provider or director at least 30 hours per week and earn $15.50 or less per hour.
- Complete the Early Education: Pathway to Your National Credential (Pathway) courses and obtain Pathway Competency Certificate or complete 9 credit hours of child development or early childhood education college coursework. Note: Out of state CDA training is considered on a case-by-case basis.

<table>
<thead>
<tr>
<th>Is this the first time applying for the Scholars program CDA/CCP Assessment scholarship?</th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Assessment:</td>
<td>□ CDA Credential □ CCP Credential</td>
</tr>
<tr>
<td>Type of Setting for your Assessment:</td>
<td>□ CCP, Birth-6 years □ CDA, Center Based: Infant/Toddler □ CDA, Family Child Care □ CDA, Center Based: Preschool</td>
</tr>
<tr>
<td>Only one assessment scholarship may be awarded per individual.</td>
<td></td>
</tr>
</tbody>
</table>

From the certificates provided, where did you complete your CDA/CCP training or coursework? Mark all that apply.

| □ Community based | □ Career Technology Center: ______________________ (Please list CTC) |
| □ Other: ______________________ | □ Community College: ______________________ (Please list) |

Was your training paid for by the Scholars Tuition Scholarship?

| □ Yes □ No |
|---|---|

Date of High School graduation or GED earned:

<table>
<thead>
<tr>
<th>Month/Year:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
<td></td>
</tr>
<tr>
<td>First Name:</td>
<td></td>
</tr>
<tr>
<td>MI:</td>
<td></td>
</tr>
<tr>
<td>Gender:</td>
<td>□ Male □ Female</td>
</tr>
</tbody>
</table>

Mailing Address:

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone:</td>
<td>Cell Phone:</td>
<td></td>
</tr>
<tr>
<td>( )</td>
<td>( )</td>
<td></td>
</tr>
</tbody>
</table>

E-mail Address: [Enter e-mail address]

Ethnic Origin:

□ Hispanic □ Asian or Pacific Islander □ Black, Non-Hispanic
□ Nonresident Alien □ White, Non-Hispanic □ Bi/Multi Racial
□ American Indian or Alaskan Native |

Facility Name: [Enter facility name]

<table>
<thead>
<tr>
<th>Supervisor’s Name:</th>
<th>Facility Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Facility Phone:</td>
<td>Facility Number:</td>
</tr>
<tr>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

Facility Type:

□ Center □ Home □ Head Start □ Early Head Start |

Contract Number: [Enter contract number]

License Number: [Enter license number]

Federal Tax ID Number: [Enter federal tax ID number]

Star Rating Date: [Enter star rating date]

Star Rating: □ 1-star □ 1-star plus □ 2-star □ 3-star |

Licensed Capacity: [Enter licensed capacity]

Total Enrolled: [Enter total enrolled]

DHS or Tribal Subsidy Children Enrolled: #_________ _ _______ %

Job Title:

□ Director/Owner □ Director/Employee □ Master Teacher
□ Assistant Director □ Teacher □ Assistant Teacher
□ Family Child Care Home Provider (FCCP) □ FCCP Assistant □ FCCP Assistant

Hours Worked per Week: [Enter hours worked per week]

Hourly Wage: [Enter hourly wage]

Approved by:

Scholars Program Scholarship Staff ______________________ Date ______________________

The Scholars program is a collaboration with the State Regents for Higher Education and the Department of Human Services.
Informed Consent and Release of Information

Please sign below giving your permission for data and surveys to be collected and used to evaluate the impact of the Scholars for Excellence in Child Care program at the Oklahoma State Regents for Higher Education. The Oklahoma State Regents for Higher Education is an equal opportunity agency and complies with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Americans with Disabilities Act, and other federal laws and regulations. It does not discriminate on the basis of race, color, national origin, sex, age, religion, disability, or status as a veteran in any of its policies, practices, or procedures.

I, ______________________________ agree to participate in the evaluation of the Scholars for Excellence in Child Care program. I give my permission for all personal information, educational information, assessment, transcripts, class completion information, grades, financial aid, and survey data to be collected throughout the course of my participation in the program to be used for evaluation, reporting, and research purposes. Such information collected or produced as a result of participation in the Scholars program may be shared with the Oklahoma Department of Human Services (DHS) for the purpose of verifying compliance with “Reaching for the Stars” and Child Care Licensing requirements. In addition, student specific information may be utilized by DHS to evaluate the progress and success of students in determining the effectiveness of the initiative.

Applicant’s Signature __________________________  Date __________________________
This agreement includes the child care provider, the child care facility, the Scholars for Excellence in Child Care (Scholars) program, and the Oklahoma State Regents for Higher Education. In the event funds to finance this agreement become unavailable, either in part or in full, due to reduction in appropriations, this agreement may be terminated and such notice will be provided in writing to the parties herein.

Section I:

Administered by the Oklahoma State Regents for Higher Education, the Scholars for Excellence in Child Care program will:

1. Review and ensure completeness of the CCP Assessment Scholarship Application.
2. Review and ensure completeness of the NECPA/CCP Registration Form.
3. Pay of $295 of the CCP assessment fee.
4. Submit the completed NECPA/CCP Registration Form to NECPA.
5. Award an educational stipend to scholarship participant upon receiving a copy of CCP Credential. (Copy must be received within 90 days of the credential award date).

Section II:

The scholarship applicant agrees to the following: (Choose one option.)

☐ OPTION I

Participant agrees to:

1. Pay the fee of $200 for the CCP assessment. Make check or money order payable to ‘State Regents’.
2. Submit completed CCP Assessment Scholarship Application to the Scholars program.
3. Submit completed NECPA/CCP Registration Form to the Scholars program.
4. Submit copy of CCP Credential to the Scholars program within 90 days of the award date (as printed on the credential) to receive an educational stipend.
5. A commitment to the field of child care for 6 months after receiving CCP Credential.

☐ OPTION II

Child Care Facility agrees to:

1. Pay $200 for the CCP assessment fee. Make check or money order payable to ‘State Regents’.

Participant agrees to:

1. Submit CCP Assessment Scholarship Application to the Scholars program.
2. Submit completed NECPA/CCP Registration Form to the Scholars program.
3. Submit copy of CCP Credential to the Scholars program within 90 days of the award date (as printed on the credential) to receive an educational stipend.
4. A 6 month commitment to the sponsoring child care facility after receiving CCP Credential.

Applicant’s Signature __________________________ Date __________________________

Sponsoring Child Care Facility Director/Owner’s Signature __________________________ Date __________________________

The Scholars program is a collaboration with the State Regents for Higher Education and the Department of Human Services.
Agency: OMES Vendor Management requires the following information for all new non-registered vendors (payees) before payments may be processed. Information is used to establish the payee in the State’s PeopleSoft vendor file for payment and procurement activities.

## AGENCY SECTION
(To be completed by state agency representative.)

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Contact Name</th>
<th>Scholars Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>OKLAHOMA STATE REGENTS FOR HIGHER EDUCATION</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone #</th>
<th>Fax #</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>405.225.9396</td>
<td>405.225-9398</td>
<td></td>
</tr>
</tbody>
</table>

Agency Request To – Please select all applicable request types

- [ ] Add New Vendor
- [ ] Update Existing Vendor
  - PeopleSoft 10-digit Vendor ID
- [ ] Add New Address
  - PeopleSoft Address #
- [ ] Change Address/Location
- [ ] PeopleSoft Location #
- [ ] Change Vendor Tax ID
  - PeopleSoft Location #
- [ ] Change Vendor Name
  - Add Alternate Payee Name
- [ ] Other
  - Explain

Vendor 1099 Reportable Status

Attention Paying Agency: Please check the Add box on the left if payments to this vendor/payee are represented by Account Codes listed on page 3 of this form. If the vendor is incorrectly showing as 1099 Reportable, check the Remove box. The PeopleSoft system requires specific details regarding the type of transaction. Please check the box that applies to this vendor:

- [ ] 1 - Rents
- [ ] 2 - Royalties
- [ ] 3 - Prizes & Awards
- [ ] 6 - Medical & Health Care
- [ ] 7 - Non-Employee Compensation
- [ ] 10 - Crop Insurance Proceeds
- [ ] 14 - Gross Proceeds to an Attorney

## VENDOR/PAYEE SECTION
(To be completed by vendor/payee):

**Please print legibly or type this information. Form must be completed and signed by authorized individual.**

Fax to the Scholars for Excellence in Child Care program at 405-225-9398.

Payee Information: Please provide the requested information for the payee receiving funds from the Oklahoma state agency. All information should match U.S. Internal Revenue Service filing records for the business, individual or government entity receiving payment.

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Payee Legal Name for Business, Individual or Government Entity as filed with IRS</th>
<th>Contact Title</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DBA Name</th>
<th>Phone #</th>
</tr>
</thead>
</table>

Doing Business As “DBA”, or Disregarded Entity Name if different than Legal Name

Tax Identification Number (TIN) and Type:

- [ ] Federal Employer ID (FEIN)
- [ ] Social Security Number (SSN)

Business Address -- Please provide primary business address as filed with the U.S. Internal Revenue Service

<table>
<thead>
<tr>
<th>Address 1</th>
<th>City</th>
</tr>
</thead>
</table>

State Zip+4 Remittance Email

Optional Addresses – Please select address type as applicable

<table>
<thead>
<tr>
<th>Type:</th>
<th>Remitting</th>
<th>Ordering</th>
<th>Pricing</th>
<th>Returning</th>
<th>Mailing</th>
<th>Other:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address 1</th>
<th>City</th>
</tr>
</thead>
</table>

State Zip+4 Remittance Email Notify Email

Financial Registration: Please provide contact information for the Authorized Individual who can provide financial information used for ACH Electronic Funds Transfer payment processes. An email will be sent providing instructions for accessing the State of Oklahoma online registration system.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email</th>
</tr>
</thead>
</table>
The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with the state, or may result in the state having to deduct backup withholding amounts from future payments.

U.S. Taxpayer Identification Number (TIN)

Federal Employer Identification Number (FEIN) ____________________________ If none, but applied for, date applied ____________

U.S. Social Security Number (SSN) ____________________________ If none, but applied for, date applied ____________

Entity Filing Classification:

☒ Domestic (U.S.) Sole Proprietor ☐ Domestic (U.S.) Partnership ☐ Domestic (U.S.) Corporation Type: ________________

☐ Limited Liability Company Type: ________________ Disregarded Entity: ☐ YES ☐ NO

☐ Domestic (U.S.) Other Explain: ________________

☐ Foreign (Non-U.S.) Sole Proprietor* ☐ Foreign (Non-U.S.) Partnership* ☐ Foreign (Non-U.S.) Corporation* Type: ________________

☐ Foreign (Non-U.S.) Other* Explain: ________________

*ADDITIONAL DOCUMENTATION IS REQUIRED

FOREIGN VENDOR INSTRUCTIONS: NA


- **Form W-8BEN**: Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals).

- **Form W-BEN-E**: Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities).


This may exempt you from backup withholding. Form W-8 does not exempt you from the 30% (or lower percentage by treaty) non-resident withholding taxes. To claim this exemption, you must file IRS Form 8233 with us. For more information, refer to IRS Publication 519.

SIGNATURE - AND SUBSTITUTE IRS FORM W-9 CERTIFICATION

Under penalties of perjury, I certify that:

1. 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

2. 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

3. I am a U.S. citizen or other U.S. person (defined below), and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 account (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Signature of Vendor Representative or Individual Payee ____________________________ Date ____________

Title of individual signing form for company

Vendor/Payee (Please print name as it appears on page 1)

Please fax the completed form (all highlighted areas) to: The Scholars for Excellence in Child Care program at 405-225-9398.