Technology Center
Tuition Scholarship Application Checklist

Child care providers meeting Scholars program eligibility requirements, may apply for the scholarship by complete the following:

☐ Complete all information requested on the Tuition Scholarship Application
☐ Read, sign, and date the Informed Consent and Release of Information
☐ Read, sign, and date and the Scholarship Agreement
☐ Provide 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

Return the completed application to the Scholars for Excellence in Child Care program office at the address listed above.
**PATHWAY TUITION SCHOLARSHIP APPLICATION**

Name of technology center you plan to attend? ________________________________________________

I plan to attend classes: □ Local technology center □ On-line □ Other ________________________________

Year you wish to begin: ____________________________ Semester: □ Fall (Aug.-Dec) □ Spring (Jan.-April) □ Summer (May-July)

Do you have previous clock hours towards your CDA? □ Yes □ No If yes, how many hours? ________________________________

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Credential to Pursue: □ Child Development Associate (CDA) □ Certified Childcare Professional (CCP)

Type of CDA Setting □ CDA, Center Based: Infant/Toddler □ CDA, Center Based: Preschool □ CDA, Family Child Care

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

High School Attended: Year of HS graduation/GED: (4 digits)

Do you have previous college credit? □ Yes □ No If yes, within the last 5 year □ Yes □ No

Total College Credit Hours Earned: Number of CD/ECE College Credit Hours Earned:

Facility Name: Supervisor’s Name: Facility Phone: ( ) -

Facility Mailing Address: City: State: Zip Code: Facility Fax Number: ( ) -

Type of Facility: □ Center □ Home

Contract Number: License Number: Federal Tax ID Number:

Employment Start Date: Star Rating: □1-star plus □2-star □3-star

Licensed Capacity: Total Enrolled: DHS or Tribal Subsidy Children Enrolled: # ________ ________ %

Job Title: Family Child Care Home □ Director/Owner
□ Director/Employee □ Master Teacher □ Assistant Teacher
□ Family Child Care Home Provider (FCCP) □ Assistant Director □ Teacher □ I/T □ Pre-K

Job Title: Child Care Center □ Director/Owner
□ Director/Employee □ Master Teacher □ Assistant Teacher
□ Family Child Care Home Provider Assistant

Hours Worked per Week: Hourly Wage: $

Approved: ____________________________ Scholar Program Scholarship Staff Date ________________

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


Scholars for Excellence in Child Care  
Providing Educational Opportunities for Child Care Professionals  
P.O. Box 108850, Oklahoma City, OK 73101-8850  
866.343.3881 405.225.9133  
www.okhighered.org/scholars

Informed Consent and Release of Information

I, ______________________________________ agree to participate in the Scholars for Excellence in Child Care (Scholars) program. I give my permission for all personal information, educational information, assessment, transcripts, class completion information, grades, billing, 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 and institutional transfer for the Scholars program and the Oklahoma State Regents for Higher Education. Such information collected or produced as a result of participation in the Scholars program may be shared with the Department of Human Services (DHS) for the purpose of verifying compliance with Child Care Licensing requirements and with “Reaching for the Stars”. In addition, student specific information may be utilized by the DHS to evaluate the progress and success of students in determining the effectiveness of the initiative.

Student specific information may also be shared with the University of Oklahoma’s Center for Early Childhood Professional Development (CECPD) or the Oklahoma Department of Career and Education Technology (Career Tech) for the purpose of evaluating training needs and program evaluation for persons jointly participating in Scholars and other professional development initiatives offered by CECPD or Career Tech including, Child Care Careers, the Registry, Pathway or other general professional development activities.

_________________________________ is an equal opportunity institution, 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.

Scholarship Applicant Date

Scholarship Grade Policy

Satisfactorily pass each unit. In the event the unit is not satisfactorily passed, agree to pay the cost for retaking the unit. The Scholars program will only pay for the individual units one time.

Note: If a scholar enrolls in or attends class before notice of scholarship approval has been given then the scholar may be solely responsible for tuition, fees, and curriculum materials.

Scholarship Applicant Date

The Scholars program is a collaboration with the State Regents for Higher Education and the Department of Human Services.
This agreement includes the child care provider, the child care facility, the Scholars for Excellence in Child Care 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 modified or terminated and such notice will be provided in writing to the parties herein.

Section I:
Administered by the Oklahoma State Regents for Higher Education, will:

1. Pay the sum of $3.50 per clock hour for each unit (1-10) & pay 100% for the curriculum materials.

Section II:
I, ____________________________, meet and agree to maintain the following scholarship eligibility requirements:

- Employed at a licensed child care facility at least six months before beginning coursework
- Work in a one-star plus or above DHS licensed or military monitored or tribal monitored child care facility with 10 percent subsidy children at time of my application.
- Work as a teacher, family child care provider (caring for children other than my own) or a director working at least 30 hours per week earning $15.50 or less per hour
- Will be on a child development or early childhood education plan of study
- Agree to attend ____________________________ technology center for Pathway.
- If a family child care provider, I am being paid to care for children other than my own.

and I further agree to the following:

1. Participate in the Scholars program beginning with the following term:
   Fall 20______ (August–December)   Spring 20______ (January–May)   Summer 20______ (May–July)
2. Complete Early Education: Pathway to Your National Credential coursework within 10-12 months.
3. Remain enrolled in the Early Education: Pathway to Your National Credential program and pass the End of Instruction exam before transferring to the community college.
4. Satisfactorily pass each unit. The Scholars program will only pay for the individual units one time.
5. Pay the technology center $0.85 per clock hour for the cost of each unit, in accordance with the technology center payment policy.
6. Notify the scholarship program office of any changes in class schedule or employment status.
7. Remain employed, working 30 hours per week, at current child care facility to complete this one-year agreement.

This agreement may be modified in writing, and will remain in full force and effect as long as the scholarship applicant remains eligible for participation in the Scholars for Excellence in Child Care program or at such time as the scholarship applicant decides not to continue his or her educational goals with the scholarship program.

I agree to the terms and conditions set forth above, and will adhere to all Scholars for Excellence in Child Care program policies. In addition I understand my scholarship will not be valid until I receive my official notification letter from the Oklahoma State Regents for Higher Education.