Capital Area Smart Start
Child Care Center Director
Professional Development Scholarship Application

(A separate form must be completed for each funding request)

Name _____

Home Address_____

Home phone #_____Work phone #_____

Employer_____

Social Security #_____

Email Address_____

Purpose of scholarship: *(example: ECH100 @ Highland Community College, or to pay registration for Conscious Discipline Series, etc.)*

_____

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_____

How will this scholarship help move you towards your professional development goal? *(example: These hours will complete training hours in subject areas 3 & 8 for my CDA)*

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_____

Total cost of class or course: _____

Amount of scholarship requested: *(up to 75%)*_____

Amount of personal and/or center contribution:_____

(A minimum of 25% is required. You may want to talk to your center director to see if they are able to assist you with all or a portion of this required match.)

My professional development plan is: attached already on file at ERC

(Please circle one of the above)

I understand that by accepting scholarship funding through Capital Area Smart Start, I am making a commitment and will submit the paperwork required and complete any contracts I enter into. Failure to do so will make me ineligible for any other scholarship support through Capitol Area Smart Start for one year.

_____

(Please sign here) (date)