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**Application for Workshop or Conference Scholarship**

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| **Name of the Workshop, Conference or Training Event**  |
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**Personal Information:** Please print clearly

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| Full Name: (Last, First, MI) Date: |
| Last 4 digits Social Security # Date of Birth: |
| Home Address: Male Female |
| City: State: Zip: |
| Home Phone# Work # Other # |
| Personal email address: |

**Current Employment Information:** Please print clearly

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| --- |
| Place of Employment:Work Phone: |
| Address: |
| City: Zip: |
| How long have you been employed by your current program? |
| Primary Position/Title Primary group of children you work with (20 hours or more per week)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Participant agreement:**

In the event I am awarded this scholarship, I understand I must:

* Work directly with children birth to 12, to include the director, assistant director, education/curriculum specialist and floater/substitute.
* Agree to pay 10% of workshop/training registration fee **before** registration is complete or any expenses not covered by the conference scholarship
* Notify the Professional Development Coordinator at the Early Learning Coalition of any changes in my work status. If I am no longer employed with a program holding a contract with the Coalition, my scholarship will terminate. Failure to report any changes could result in denial of future scholarships and/or repayment of funds.
* Successfully complete anyworkshop, training or course with a grade of A, B, C, S or P.

Failure to complete successfully could result in denial of future scholarships and/or repayment of funds.

* Provide the Professional Development Coordinator at the Coalition with proof of implementation of the workshop/training/conference objectives into my classroom practice within 10 days of completion of the workshop/training/conference.
* Understand that this is a first- come- first- serve process ONLY as funding allows and funding can change at any time.

I attest that the information on this form is accurate to the best of my knowledge:

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Print Applicant’s name Signature Date

I attest the above applicant is currently employed by this program for 20 hours or more per week.

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Print Director’s name Signature Date