



# Professional Development Application 2018-2019

Name:					Date:			
Child Care Facility:				Age group taught:			Yrs. In Field	
Home Phone:				Cell Phone:			Work Phone:	
Home Address:					City:			
State:			Zip:			Email:		

Does the center/FCCH for which you work have a 2018-2019 signed school readiness agreement?  
 Yes                       No

Does the center/FCCH for which you work participate in Southwest Florida STARS (QRIS)?  
 Yes                       No

Level of education completed: (Please attach a copy of HS diploma, GED, or highest degree received)  
 HS Diploma     GED     CDA     AA/AS Degree     BA/BS Degree

Briefly describe your professional development (educational and career) goals:

Amount Requested:	\$	When will these funds be utilized?	
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Purpose of request-Please include course name, number, and school, or conference and why it is important to your professional development?

**NOTE: We Pay for tuition only, not books or fees.**

Have you applied for a T.E.A.C.H. scholarship?  Yes  No If yes, date of application: \_\_\_\_\_  
 If no, please explain why not:

Have you applied for other scholarships within the past 12 months?  Yes  No  
 If yes, when and from whom: \_\_\_\_\_  
 Was the aid you applied for granted?  Yes  No

Signature of Applicant: \_\_\_\_\_  
 Signature of Facility Director: \_\_\_\_\_

\*Please note– grants that add up to \$600 or over in the calendar year may be subject to taxation by the IRS, documentation of which may be sent to you on a 1099 form

**Scholarship Application Process:**

- ◆ Call Rebecca McKellar at 239-935-6133 **before filling out form to discuss your professional development plan.**
- ◆ Complete 2 page application
- ◆ Send application and supporting documentation to:

**Early Learning Coalition of Southwest Florida**  
**Attention: Rebecca McKellar, Early Childhood Specialist II**

**3050 N. Horseshoe Dr. Unit 231**

**Naples, FL. 34104**

**Fax: 239-213-3356 or Email: rebecca.mckellar@elcofswfl.org**

**PLEASE NOTE:**

- ◆ In the event you do not successfully complete this training, course or conference you are responsible for the reimbursement to the Coalition for any scholarship money given to cover training/conference fees.  
Please initial \_\_\_\_\_
- ◆ In the event you receive funding from another source for the same training, course or conference you are responsible for the reimbursement to the Early Learning Coalition for the amount of the scholarship money given to cover training/conference fees.  
Please initial \_\_\_\_\_
- ◆ Within 30 days of this training, course or conference completion you are responsible for submitting a copy of your grades or certificate of attendance to Gayla Thompson. **If you do not do so, you may not be considered for another scholarship in the future.**  
Please initial \_\_\_\_\_
- ◆ If you do not attend this training, course or conference you are responsible for reimbursement to the Early Learning Coalition for the payment of any costs covered by this scholarship.  
Please initial \_\_\_\_\_
- ◆ You must agree to remain in the field of early childhood education for twelve months in Southwest Florida.  
Please initial \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

**Reviewed by Chief Quality Officer:**

Signature Chief Quality Officer: \_\_\_\_\_