goaeyc Golden Corridor Association for the Education of Young Children

APPLICATION
PROFESSIONAL DEVELOPMENT SCHOLARSHIP
FOR GoAEYC Standard/Premium MEMBERS

Scholarship is a maximum of $250 for any calendar year per Standard/Premium member

Applications must be made after successful completion of professional development for which the scholarships is being requested.

This form may be copied if needed. Award of funds is not based on financial need

Scholarship Application for: (Please check)

- ○ EC College Course
- ○ CDA
- ○ EC Conference
- ○ Teacher Credential
- ○ Illinois Director Credential
- ○ Accreditation or Re-accreditation

NAEYC Membership number (from membership card/online membership portal): _____

Please print clearly

Date: _____ Email address _____

Applicant's Name: _____

Home Address: _____

City:_____

Cell Phone: _____ Work Phone: _____

Place of Employment: _____

Work Address: _____

City: _____ Zip Code: _____

Job Title: _____

Other Scholarships, Grants, or Funding for which you are/have applied or are eligible (indicate amount and source) _____

_____

How do you plan to improve or enhance your professionalism with the use of these funds?

_____

Complete only number 1, 2, 3, 4 or 5 in relation to the type of scholarship for which you are applying.

1. **For EARLY CHILDHOOD COLLEGE LEVEL COURSE**

Early Childhood Course title that you completed:_____

Name and location of college attended:_____

Amount requesting: _____

Does your employer reimburse tuition costs? _____ If so, how much? _____

Required documentation: Course description, proof of tuition payment for the course and report card reflecting the course grade (must be C or better)

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2. **For CHILD DEVELOPMENT ASSOCIATE (CDA)**

Name of Advisor (Please print clearly): _____

Expected date of completion: _____

Amount requesting:_____

Required documentation: Proof of payment of the CDA application fee, and/or Advisor fee and a copy of the CDA Certificate.

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3. **For EARLY CHILDHOOD CONFERENCE/TRAINING**

Name of Conference/Training you attended: _____

Date of Conference/Training _____

Location: _____

Registration Fee: _____

Additional Travel Expenses (Please Itemize): _____

Required documentation: Proof of payment of registration fee, receipts for transportation and hotel expense and certificate indicating completion of training.

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4. **For ILLINOIS TEACHER CREDENTIAL**

Date of Certificate award: _____

Amount requesting_____

Required documentation: Proof of payment of Credential fees and Illinois Director Credential award

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5. **For ILLINOIS DIRECTOR CREDENTIAL**

Date of Certificate award: _____

Amount requesting_____

Required documentation: Proof of payment of Credential fees and Illinois Director Credential award

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6. **For ACCREDITATION OR RE-ACCREDIDATION GRANT**

Is this a first-time accreditation? _____ Re-accreditation? _____

If going for re-accreditation, how long has your program been accredited? _____

Have you applied to other sources (indicate sources) for funds? _____

_____

Status of that application? _____

Amount requested: $_____

Required documentation: Proof of payment for Accreditation Application or Candidacy/Onsite Visit

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I attest that the above information is complete and correct to the best of my knowledge.

Signature: _____ Date: _____

Send Completed application to:

GoAEYC
PO Box 959103
Hoffman Estates, IL 60195

Email Linda at lindafhdc@aol.com with any questions.

Office use only:

Approved _____ _____ _____
Signature Print Name Date

Approved _____ _____ _____
Signature Print Name Date