



Awareness & Training
For quality childcare

General Instructions for Educational Development Scholarship - College

All applications for scholarships must be completed **entirely** on the official application form and must be faxed, mailed, hand-delivered or scanned and email **every semester** to:

Physical & Mailing Address:
Department of Workforce Services
WY Quality Counts Program
5221 Yellowstone Road
Cheyenne, WY 82009

Applications may be faxed to 1-307-777-5857 or emailed to dws-wyqc@wyo.gov

Applications must be faxed, postmarked, hand delivered or scanned and emailed according to the following guidelines:

- No more than one hundred ten (110) days before the scheduled semester start date; and
- No less than forty-five (45) days before the scheduled semester start date.

A signed release is required to be attached to this application by the student which authorizing two-way communication between your college(s) and the Department of Workforce Services regarding your past and present student coursework, current status, transcripts, grades and any other attendance/performance-related information. One is attached to this application for your use.

Funding Limits. If the application is approved:

Associate Degree, Bachelor Degree and Post-Graduate Endorsement Scholarship Applicants shall be eligible for a scholarship award of up to one thousand dollars (\$1,000.00) per semester, and receive assistance for no more than one hundred fifty (150) credit hours in a lifetime.

Assistance is also available by contacting the DWS Administrative Office in Cheyenne at (307) 777-2439.

Please see our website at www.wyqualitycounts.org for WY Quality Counts Educational Development Program rules, as well as detailed information and application procedures/rules for WY Quality Counts Scholarships.

Participant Information

1. Legal Name —The official name used for tax reporting and contracts.
2. Job Title — Job title of the individual applying for the scholarship.
3. Street Address — Physical residence of the individual applying for the scholarship.

4. Mailing Address — Complete if different from Street Address.
5. City — City in which the individual applying for the scholarship lives.
6. State — State in which the individual applying for the scholarship lives.
7. Zip — Zip code of the address of the individual applying for the scholarship.
8. Telephone — Daytime telephone number, area code first.
9. E-Mail Address — if available, provide an e-mail address.
10. Social Security Number — Social Security number of the individual applying for the scholarship.
11. Current Pay Rate — Earned **hourly** wages, before deductions, as of the date of the application.
12. Fringe Benefits — Check boxes for those benefits which the individual applying for the scholarship is currently receiving.
13. Indicate whether currently working fifteen (15) hours or more in a child care facility.
14. Time at Current Child Care Business — Number of months with the current child care business.
15. Highest Educational Level Achieved — Mark the box indicating the educational level.

Child Care Business Information

16. Child Care Employer Business Name— Official name of the child care business with which the individual applying for the scholarship is currently employed. Please use the official name used for tax reporting and contracts.
17. Supervisor — Name of supervisor.
18. Telephone — Telephone number of the child care business.
19. E-Mail Address — E-mail address of the Supervisor.
20. Street Address — Physical location of the child care business that you work.
21. Mailing Address — If different from the street address.
22. City — City in which the child care business is located.
23. State — State in which the child care business is located.
24. Zip — Zip code of the address where the child care business is located.
25. STARS Information — Statewide Training And Resource System number issued by the Wyoming Children's Action Alliance.

Coursework / Degree Information

26. Degree End Date — Projected date for achieving degree.
27. Educational Institution — Indicate the educational institution which will be providing the coursework.
28. Coursework Type — Indicate which type of program for which the coursework applies. For UW Post-Grad Endorsement Programs, please select **ONLY** one type.

Section 4 - Educational Plan and Goal Projection

Associate, Bachelor & Post Graduate Degree Program

29. This Semester's Plan:
 - a. Semester Start Date — Start date of college semester.
 - b. Semester End Date — The last day of college classes.

- c. Course Number — The number the educational institution has assigned to the coursework. (i.e. – EDEC 1010-20)
 - d. Credit Hours — The number of credit hours the educational institution has assigned to the course.
 - e. Course Name — The full title of the course.
 - f. Tuition – Tuition for the course name.
 - g. Books – Cost of book(s) for the course name.
 - h. Fees – Fees for the course name.
 - i. College — The name of the college enrolled in for the course name.
 - j. Tuition — The total cost of semester’s tuition.
 - k. Books — The total cost for semester’s required textbooks.
 - l. Fees — The total fees for the semester.
 - m. Total — Total the amounts for lines j, k and l.
30. Education Plan by Semester:
- a. Credit Hours Planned — The total number of credits the individual will be enrolled in each semester.
 - b. Estimated Cost — Estimated tuition, books and required fees for each semester.

Checklist

Please check all boxes to ensure that the application is complete. **Please note that incomplete applications could be denied.**

Signatures

The application must be signed by an authorized representative of the requesting child care provider. Also authorized representative of the requesting child care provider must enter current slot and enrollment counts.

The application must be signed by your college advisor.

The completed application, with any supporting documentation or letters, must be faxed, mailed, hand-delivered or scanned and emailed to the address on the application form. **Please only fax or send in your application, keeping instructions for future reference.** Applications may be faxed to 1-866-373-6061.

Thank you for your application!



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Application for Educational Development Scholarship – College

Section 1 – Participant Information			
¹ Legal Name:		² Job Title:	
³ Street Address:			
⁴ Mailing Address:			
⁵ City:		⁶ State:	⁷ Zip:
⁸ Telephone:		⁹ Email Address:	
¹⁰ Social Security Number:		¹¹ Current Pay Rate: \$ per hour	
¹² Benefits:	☐ Health/Dental/Vision Insurance ☐ Vacation	☐ Sick/Personal Time ☐ Retirement Plan/401(k)	☐ Paid Holidays ☐ Life Insurance ☐ None at this time
¹³ Are you currently working at least 15 hours per week in a child care business licensed by the Wyoming DFS? ☐ Yes ☐ No		¹⁴ Time at Current Child Care Business (In months):	
¹⁵ Highest Educational Level Achieved:	☐ High School/GED ☐ CDA	☐ Associates Degree ☐ Bachelors Degree ☐ Graduate Degree	

Section 2 – Child Care Business Information			
¹⁶ Child Care Business Name:			
¹⁷ Supervisor:		¹⁸ Telephone:	
¹⁹ E-Mail Address:		²⁰ Street Address:	
²¹ Mailing Address:			
²² City:		²³ State:	²⁴ Zip:

Office Use ONLY

Date Postmark:

Date Received:

Application/Contract No.:

Date Approved:

²⁵STARS Information:
Enter your STARS ID Number and your initials here only if you wish us to share this information with the Wyoming Children's Action Alliance. Please understand it is your responsibility to ensure that

coursework is eligible for STARS credit.

STARS Number:

Initials: _____

Section 3 – Coursework / Degree Information

²⁶ Estimated Degree Completion Date:

MM/YYYY

²⁷ Educational Institution:

☐ Gillette College

☐ Western Wyoming College

☐ Casper College

☐ Laramie County Community College

☐ University of Wyoming

☐ Central Wyoming College

☐ Northwest College

☐ Other Accredited Institution: _____

☐ Eastern Wyoming College

☐ Sheridan College

²⁸ Coursework Type (choose ONLY one):

☐ AA in Early Childhood Education

☐ AS in Early Childhood Education

☐ AAS in Early Childhood Education

☐ BA/BS in Elementary Education with Birth to Eight Early Childhood Endorsement

☐ BS in Family/Consumer Services – Child Development Option

☐ BA in Early Childhood Education

☐ Post Graduate Birth to Five Early Childhood Endorsement (Select One Only) ☐ General Ed. ☐ Special Ed. ☐ Mental Health

☐ Remedial Education

Section 4 – Educational Plan and Goal Projection

Associate, Bachelor & Post-Graduate Degree Program

²⁹ This Semester's Plan		^a Semester Start Date:		^b Semester End Date:		
^c Course Number	^d Credit Hours	^e Course Name	^f Tuition	^g Books	^h Fees	ⁱ College
This Semester's Estimated Total Cost						
^j Tuition: \$		^k Books: \$		^l Fees: \$		^m Total: \$

³⁰ Education Plan by Semester				
Semester	^aCredit Hours Planned	^bEstimated Cost (Books, fees & tuition)		
Spring 2027		\$ Tuition	\$ Books	\$ Fees
Summer 2027		\$ Tuition	\$ Books	\$ Fees
Fall 2027		\$ Tuition	\$ Books	\$ Fees
Spring 2028		\$ Tuition	\$ Books	\$ Fees
Summer 2028		\$ Tuition	\$ Books	\$ Fees

Fall 2028		\$ Tuition	\$ Books	\$ Fees
Spring 2029		\$ Tuition	\$ Books	\$ Fees

Application Checklist

Please ensure that you have completed each of the following. *If you are unable to check “yes” to all of the items for the program scholarship which you are applying, your application could be denied.

Educational Development Scholarship – College	
This application for a WY Quality Counts Educational Development Scholarship is being submitted no less than 45 days and no more than 110 days prior to beginning of coursework / program.	☐ Yes ☐ No
A signed release has been attached to this application authorizing two-way communication between your college and the Department of Workforce Services regarding your past and present student coursework, current status, transcripts, grades and any other attendance/performance-related information.	☐ Yes ☐ No
This application has been filled out completely prior to submitting to DWS.	☐ Yes ☐ No

**If you do not receive a response within two (2) weeks after submitting your application, please call to verify it was received.
307-777-2439 or denise.steele@wyo.gov**

Section 5 – Approvals and Signatures

Applicant Signature

I certify that the information in this application is true and accurate to the best of my knowledge. I also certify that I am 18 years of age or older. I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing false public records, and may result in forfeiture of any scholarship award approved through this program. I further understand that once I submit this application to DWS, I:

- may not change institutions without notifying WY Quality Counts
- may not add any coursework/books/fees to my educational plan once I submit my application to DWS.
- must report any employment status changes to DWS in a timely manner after occurrence.

Applicant Signature

Date

Printed Name

Child Care Provider Owner/Director Signature

I certify that the information contained in this application is true and accurate to the best of my knowledge. The above applicant is employed for a minimum of 15 hours per week and I approve of their educational plan. The current Wyoming Department of Family Services approved capacity in my program is _____, and my current enrollment count is_____.

Child Care Provider Owner /Director Signature

Date

Printed Name

College Advisor Signature

I certify that the above applicant has been accepted into the program and is currently enrolled in the Educational Development Plan above. The coursework outlined in the education plan is required to obtain the specified degree listed and described in sections 3 and 4.

Printed Name and Signature

Date

Telephone

Academic Release Form

(Please send to WY Quality Counts)

I, _____, having the Social Security/Student
Number of _____ authorize _____ (name of college)
to release or discuss any of my past or present academic progress, grades, attendance,
or transcript. I authorize release of any financial information pertaining to my enrollment
at the above listed college. I authorize this entire release of information to the WY
Quality Counts program staff at the Wyoming Department of Workforce Services
(DWS) and the above listed college only. I understand that DWS and the above listed
college value my privacy and will not distribute this information to any other party
without my written permission. I authorize the above listed college to communicate with
DWS (two-way) regarding all items listed on this form.

Name (Printed)

Date _____

Signature