

# Academic Scholarship Application Form

## ELIGIBILITY

*To be eligible you must:*

- Be Enrolled in IdahoSTARS Professional Development Systems Registry
- Participate in Professional Development planning with IdahoSTARS
- Work in or own a licensed childcare program, in Idaho at least 19 hours per week.
- Have a minimum of one year of experience working in childcare with 6 months at current employer.
- Be enrolled at an Idaho college or university pursuing a degree or certificate in Early Childhood Education.

## ACADEMIC SCHOLARSHIP AWARDING PROCESS

**Step 1:** Contact your regional IdahoSTARS office (Dial 211 to be connected) and schedule an appointment for professional development planning with a consultant. Work with your consultant to complete and submit the Academic Scholarship application and submit it with the following required documents to the IdahoSTARS Scholarship Office.

- A written letter of recommendation speaking to your qualifications/experience in early childhood education

*E-MAIL OR MAIL COMPLETED APPLICATION TO:*

**Email:** [academicscholarships@idahoaeyc.org](mailto:academicscholarships@idahoaeyc.org)

Idaho Association for the  
Education of Young Children Attn:  
IdahoSTARS Scholarship Office  
4355 W Emerald, Ste 250  
Boise, ID 83706

**Step 2:** Upon acceptance, IdahoSTARS will email a letter and contract to the applicant confirming that the scholarship will be approved upon contract signing.

**Step 3:** The applicant must sign the contract and mail or email it to the IdahoSTARS Scholarship Office.

**Step 4:** Scholar enrolls in 9-18 semester credits over one academic year (Fall, Spring, Summer) toward a CDA, Technical Certificate, Associate, Bachelor or Master's degree or certificate in Early Childhood Education.

**Step 5:** The IdahoSTARS project pays the school directly for tuition.

## Academic Scholarship Application Form

Name:

Other names you have used:

Home Mailing Address:

City: State: Zip Code: County:

Email: Home Phone: Work Phone:

Idaho AEYC member? Yes No

### **CURRENT EMPLOYER:**

Name of Facility:

Mailing address:

City: State: Zip Code: County:

Age Range(s) and Programs: (check all ages you directly work with)

Birth to 12 months Toddlers: 13-30 months Preschool: 31 months to 5 years

School Age: 5-6 years School Age: 6-12 years All Ages

Total Number of Children Currently Enrolled in the Program:

Child Care Facility Is: State Licensed: Yes No

City Licensed: Yes No (please attach license to application)

Please Check All That Apply; Child Care Facility Is:

An Idaho Child Care Provider (ICCP): Yes No

NAEYC/NAFCC Accredited: Yes No

QRIS Participating Program: Yes No

### **PREVIOUS EARLY CHILDHOOD EDUCATION EXPERIENCE:**

Name of Facility: Length of employment:

Mailing address:

City: State: Zip Code:

Name of Facility: Length of employment:

Mailing address:

City: State: Zip Code:

Name of Facility: Length of employment:

Mailing address:

City: State: Zip Code:

**EMPLOYMENT:**

Number of hours working with children, parents and staff per week:

Current Hourly Wage:

Current Position:    Assistant Teacher        Lead Teacher        Assistant Director        Director

Beginning Date of Employment:

Owner/Director Name:

Owner/Director Email:

**SCHOLARSHIP REQUEST:**

If awarded a scholarship, which degree would you pursue: (check one)

Master’s        Bachelor’s        Associate’s        Technical Cert        CDA

Are you currently enrolled in a college degree program?        Yes        No

If awarded a scholarship, which college or university would you attend?

North Idaho College        Lewis Clark State College        University of Idaho

College of Southern        Idaho State Univeristy        TVCC

Idaho    BYU Idaho        College of Western Idaho

Other:

Have you already been admitted to the above college/university?        Yes        No

Have you met with an advisor and registered for classes?        Yes        No

Have you paid your tuition?        Yes        No

What is your projected graduation date?

What is your highest level of education achieved:

No High School Diploma        High School Diploma/GED        CDA

Technical Certificate        Associate’s Degree        Master’s Degree        PHD

## ***PROFESSIONAL GOALS***

**Please describe your short-term professional goals:**

**Please describe your long-term professional goals:**

**Please describe how an Academic Scholarship will help you achieve both your short- and long- term professional goals:**

**\*Please attach a letter of recommendation to this application which speaks to your experience working with young children.**

## ***APPLICANT CONSENT***

I am requesting financial support for an academic scholarship to pursue an early childhood education degree. I certify that the information I have given on this application to be true and correct to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_