



ECPAC
EARLY CHILDHOOD PARTNERSHIP
OF ADAMS COUNTY

Summer-Fall 2010 In-State College Grant Tuition Application

Full-Application: for First-time Applicants only

Deadline for Summer Semester 2010 Applications: April 23, 2010 at 4pm

Deadline for Fall Semester 2010 Applications: July 9, 2010 at 4pm

Date:	Name:	Student ID/Last 4 of SS #:
Address:		
City:	Zip:	County:
Phone: (H)	(W)	(Cell/other)
Email Address:		
<i>A working email address is necessary as most ECPAC Office of Professional Development correspondence will be sent via email.</i>		

Employment

Employer/Family CC Home	Center/ Provider License #:	
Employer/Home Address:		
If in a Center, Center Director(s):		
Current Job Title:	Hours worked per week:	Date of Hire:
Previous employer and dates of employment (if less than 6 months):		
With which age group do you work? (Mark all that apply): Infants Toddlers Pre-school		
Do you work year-round?	If not, please explain:	
<i>The following questions are optional but may qualify you for additional financial awards or incentives:</i>		
<i>Annual Household Income: _____</i>		
<i>Number of dependents in household under 18 : _____</i>		

ECPAC OPD Summer-Fall 2010 College Tuition Grant Application

Educational Background

School	Name	Location	Graduated?	If yes, when?	Major(s)	Degree/# of credits
High School/GED Program						
College/ University Technical School						

Higher Education Planning

Have you awarded a T.E.A.C.H. grant? If yes, for what semester?
Have you submitted your FAFSA (<i>Federal Application for Financial Student Aid</i>)? If yes, what kind of aid were you eligible for?
Are you currently enrolled in ECE class(es) at a Colorado college? If yes, toward what degree/certificate?
If applying for a <u>Summer</u> semester 2010 ECPAC tuition grant, what ECE class would you like to take in Summer of 2010?
If applying for a <u>Fall</u> semester 2010 ECPAC tuition grant, what ECE class would you like to take in Fall semester of 2010?
Where do you plan on taking these classes?

Personal and Professional Goals

On a separate piece of paper, please describe your academic and professional goals in Early Childhood Education. Then, explain how ECE college courses and/or a higher educational degree will help you achieve these goals.
Is there anything else about yourself that you would like us to consider when reviewing this application? If so, please use the space below.

Please list two professional references

Name	Address	Phone Number	Title/Relationship

ECPAC OPD College Tuition Grant Recipient Responsibilities

Please initial the following regarding responsibilities of ECPAC Grant recipients and sign to indicate you understand and agree. Details about these responsibilities are provided in the ECPAC Grant Program FAQ page.

If I am awarded an ECPAC College Tuition Grant towards ECE coursework at FRCC, I agree to:

- Apply for Admission to FRCC or other Colorado Community College (if not already enrolled)
- Confirm that I am eligible for in-state tuition at a Colorado Community College (CCC)
- Apply for/Activate my COF Stipend each term
- Register for course(s) on my own
- Confirm my registration via my student account or FRCC records
- Submit my ECPAC Award letter to the CCC Cashier at least 1 week before the payment deadline
- Confirm that the CCC Cashier has received my ECPAC Grant Award Letter and applied my award toward my ECE course(s) before the CCC payment deadline
- Confirm I am still registered for my course after the payment deadline
- Drop my course(s) before the CCC drop date and then notify ECPAC OPD immediately
- Reimburse ECPAC the grant amount if I choose to drop the course after the Drop Date

Name _____ Signature _____ Date _____

A complete application contains:

- Completed 3-page Summer-Fall 2010 Grant application
- Signed Director Letter
- Signed FERPA Form (last page)
- Completed ECPAC Professional Development Survey (if not already submitted)

To apply for Summer 2010 courses, please fax or email all application materials by **April 23, 2010 at 4pm**

To apply for Fall 2010 courses, please fax or email all application materials by **July 9, 2010 at 4pm**

Thank you for your interest in your Professional Development!

Shelley Sullivan, Professional Development Coordinator, ECPAC

Email: ECPACPD@gmail.com

Tel: [303-552-8311](tel:303-552-8311)

Fax: 720-836-4231



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March 2010

Dear Director,

_____, who is currently employed at your child care center, is applying for the Early Childhood Partnership of Adams County Professional Development (ECPAC PD) Grant for college tuition. The goals of this grant program are as follows:

- To increase the knowledge base of teachers/directors working with young children, thus improving the care children receive.
- To create an adequate pool of qualified staff in Adams County to meet the proposed changes to “group leader” qualifications.
- To create a model partnership in Adams County for improving the quality of care that young children receive.

ECPAC’s office of Professional Development requests that employers support staff that work to increase their education and skills. Students succeed when they know their efforts at professional training are both valued and supported. As an employer, you will reap immediate benefits as students begin to apply their new skills and knowledge in their work environments.

You can show your support by providing your employee with work schedules and/or resources to meet the needs of their academic pursuits in the field of Early Childhood Education. In addition, your employee’s teachers are available to students during and after the class for ongoing mentoring and coaching to implement newly learned skills and principles in their work setting.

I _____ acknowledge that I understand the nature and terms of the grant of which my employee will participate. I also acknowledge that my Center and any corporate owner or agency does not provide similar grant funds or tuition reimbursement. If your Center does provider tuition reimbursement, please notify ECPAC PD.

Print Name of Director

Signature of Director

Name of Center

Center Address

Center Phone # Date



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Family Education Rights and Privacy Act Waiver

Dear School Administrator,

The Family Education Rights and Privacy Act, 1974 (FERPA), provides guidelines on the rights to access and disclose student records. Accordingly, I give my permission for your institution to release my academic progress and/or grades to the ECPAC Professional Development coordinator, during semesters of which I am an ECPAC Professional Development Project grant recipient.

Thank you for your assistance.

Print Name of Student

Date

Signature of Student