***Submission Deadline: November 4th, 2015*****before Noon**

(Any application submitted after, will not be accepted)

**Submit completed Applications, Semester Transcript, Copy of Bachelor’s Transcript, Statement, & Proof of Payment to:**

**Jessica Edelbaum, Regional Collaboration Coordinator**

**Early Childhood Council of La Plata County**

**P.O. Box 4140, Durango, CO 81302**

**Email:** [**jessicae@ecclaplata.org**](mailto:jessicae@ecclaplata.org) **Phone: 970.247.0760 (Ext. 5)**

* Stipend funds are allocated to cover student’s cost for tuition and books up to $500. This funding is retroactive and recipients are eligible **after** conclusion of Early Childhood Education (ECE) or related coursework semester. Those taking courses in the fall semester 2015 are able to apply for stipend before coursework is complete. Reimbursement will be allotted upon completion of course(s) and submission of mandatory documentation.

*Selected Applicants will be notified by December 10th, 2015 of the Review Team’s decision.*

**Criteria for Selection Includes:**

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| * Stipend is available to those who have completed coursework in January (spring semester) 2015 through December (fall semester) 2015, including summer semester in 2015. * Applicant must be registered in at least three (3) or more credit hours in ECE or related field at an accredited institute. * Applicant must be currently working at a licensed early child care program/center or recipients must be a current employee of the early childhood field (minimum of 10 hours per week). * Applicant must satisfactorily complete reimbursable course work with a grade of “C” or higher. * Applicant must provide proof of payment for semester/classes reimbursement is being requested. * Applicant must provide the Regional Collaboration Coordinator with a copy of Bachelor’s Degree Diploma or unofficial transcript for Bachelor’s Degree earned. * Applicant will provide an unofficial transcript at the end of the completed semester that student is requesting funding. * Applicant must currently reside and have been a resident of Southwest Colorado for a minimum of one year (included counties: Archuleta, Dolores, La Plata, Montezuma, and San Juan). * Applicant must list additional funding source(s) for the semester El Pomar funding stipend is being requested. * Stipend recipients agree to work in the Early Childhood field for a minimum of one year post stipend acceptance. Failure to comply with terms may result in returning of reimbursement. * Applicant must include a one page statement (400-600 words) describing how furthering their education in the field of Early Childhood will benefit young children and families in Southwest Colorado. * Prior to receiving funds, selected applicants will be required to sign a *Statement of Understanding*. |

**PLEASE PRINT:**

**Applicant’s Demographic and Employment Information:**

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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (H or C): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Program/Center Currently Employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Program License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of Children Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours Worked Weekly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Applicant’s Educational Information:**

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| --- |
| Highest Degree Earned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major/Minor Earned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Accredited Institute Where You Are Enrolled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Course(s) Asking for Reimbursement:  1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Semester(s) Requesting Reimbursement (Please Circle): SPRING 2015 SUMMER 2015 FALL 2015 |

**Additional Funding Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Source of Additional Funding** | **What are the Restrictions with this Funding?** | **Amount Per Semester** | **Date Funds Were Receive** |
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*My signature indicates that my responses and information in this application is accurate and correct*.

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Applicant’s Printed Name Applicant’s Signature Date

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| --- |
| ***For ECCLPC Office Use Only***  ***Received By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |

**Applicant Checklist:**

🢭 Read, Complete, Copy, and Submit Signed Application

🢭 Attached Proof of Payment

🢭 Provided Copy of Bachelor’s Degree Diploma or Transcript

🢭 Provided Semester Transcript

🢭 Attached One Page Statement (400-600 words)