

Early Learning Provider Teacher/Staff Member Eligibility Form

Program Year 20__ - 20__

Indicate options for emergency/enhanced quality activities

Please print and fill out completely.

- Professional Development Training Stipends*
 - Up to ten (10) stipends available per eligible person
 - Up to a maximum of \$750 per person (\$75 x 10 events), per each declared disaster/emergency
 - \$75 max per stipend - \$25 per hour (up to three (3) hours), for each qualifying training session/event

**A separate application form must be completed to document eligibility for qualifying providers/centers.*

Child Care Provider /Teacher or Staff Member Application

1. Applicant Information – **Completed by provider teacher/staff member**

Legal Name: _____ Male Female
First Name Middle I Last Name

Home Mailing Address: _____

City/State/Zip: _____, FL _____ County _____

Phone (Cell) _____ Phone (Work) _____ Email _____

Name of Center where you work: _____

Contact Person _____ Center email address _____

2. Select Training session/event – **Complete this section for each requested stipend**

Applicant, please refer to select from the list of available training resources authorized/qualifying for your stipend reimbursement request.

Session/Event Code Training Date Training Entity Training Event Title _____

(applicant will list training event details on the line above)

Tracking for Stipend Requests – maximum of ten (10) available for qualifying individuals

- First/Initial request - *Applicant must provide answers below in Section 3 for initial request only*
- 2nd request 3rd request 4th request 5th request 6th request
- 7th request 8th request 9th request 10th/final request

3. Employment Status/Data – **Completed by provider teacher/staff member**

- First/Initial stipend request – *Please answer the questions in this section*
- N/A - Not my first/initial stipend request – *Skip these questions and move to Section 4*

Employment Status/Data Beginning date of employment? (mm/dd/yyyy) _____

Position/Title (check all that apply) _____
Insert Current Title

Teacher Family-Based Professional
 Assistant Teacher Non-Teaching Professional
 Administrator Non-Teaching Support Staff
 Check if applicant is also center owner

What age group(s) do you teach?
(please check all that apply)

Infants (0-12 months) Preschool (37 months–PreK)
 Toddlers (13-36 months) School age N/A

How long have you worked in the field of early childhood?

Less than 2 years 6 – 10 years
 2 – 5 years +10 years

Number of children in your classroom? _____ Number of children in your ASP _____ N/A

Do you teach in one of these types of classrooms? School Readiness VPK Head Start N/A

How many hours/week do you work in the classroom **with birth through PreK children?** _____

How many hours/week do you work in the classroom **ASP** (after school program)? _____ N/A

Please check the box that best describes your educational goals.

Take a few early childhood courses to obtain or upgrade job-related skills
 Earn an early childhood associate degree
 Earn a bachelor degree
 Earn an early childhood infant/toddler preschool or school age credential /certificate
 Unsure, but willing to consider more training events if stipends are available

4. Applicant's Affirmation and Attest Statements – ***Please read carefully before submitting***

I am applying to receive a training stipend for attending a qualifying early learning training session/event and understand I am responsible for completing the selected training session/event submitted for reimbursement. I attest to the fact that the information I have provided in this application is true and accurate and understand if my application is incomplete or incorrect it will be returned to me. I have read over this application to ensure completeness and correctness and have made a copy of this application for my own records.

Applicant Signature _____ Date _____
Print Name _____ Email _____
Contact Phone () _____

5. Provider Information – ***Completed by sponsoring early learning provider/center***

Legal Name of Center: _____
P.O. Box/Mailing Address: _____
City/State/Zip: _____, FL _____ County _____
Phone #1() _____ Phone #2() _____ Fax # () _____

Center License # _____ Contact Person _____

Center email address _____

5. Sponsoring Provider/Center's Affirmation and Attest Statements – *Please read carefully before submitting*

Does this individual meet the following eligibility criteria requirements?

- Yes No Is applicant a Florida resident?
- Yes No Does applicant have a high school diploma from an accredited school or a GED?
- Yes No Is applicant employed by a licensed license-exempt child care facility, in a licensed or registered family child care home, or by a licensed after school program?
- Yes No Does applicant work a minimum of 20 hours per week with a birth through pre-k population or in an after school program for a minimum of 520 hours per year?
- Yes No Does applicant have the sponsorship of the child care center or program where he/she works?

If all responses are yes, individual is eligible to earn training stipend(s) for qualifying training events.

I am sponsoring this applicant to receive a training stipend for attending a qualifying early learning training session/event and understand all stipend monies will be given to the applicant for completing the selected training session/event submitted for reimbursement. I attest to the fact that the information I have provided in this application is true and accurate and understand if my application is incomplete or incorrect it will be returned to me. I have read over this application to ensure completeness and correctness and have made a copy of this application for my own records.

Name _____ Date _____
Contact Phone () _____ Email _____

Sections below – for ELC/RCMA use only

6. Application Information Provided to/Processed by – *completed by ELC/RCMA staff*

- Yes No Is this application form complete?
- Yes No Does this individual meet the listed eligibility criteria requirements?
- Yes No Does the sponsoring provider/center meet the listed eligibility criteria?
- Yes No Did you obtain/inspect the approved application for the sponsoring provider?

If all above responses are yes, this application form can be accepted.

Name _____ Date _____
Contact Phone () _____ Email _____
Contact Entity Early Learning Coalition RCMA Other _____