

New Jersey Early Childhood Scholarship Program

PO Box 718
Union, NJ 07083

(973) 391-2633 ext. 100 www.professionalimpactnj.org

College Course Application

Please print or type clearly. Funds are limited and are not guaranteed.

SECTION I: APPLICANT INFORMATION

Name: _____ SS#: _____ - _____ - _____

Phone (work): () - Phone (home): () - E-mail: _____ Date of Birth: / /

Home Address:				
Street	City	State	Zip	County

Name of Center: _____ Date of Hire: _____ License ID #: _____

Address:				
Street	City	State	Zip	County

Job Title/Position: Head Teacher Group Teacher Assistant Teacher Other: _____

Type of Program: Community-based (CBC) Center Abbott-contracted Center Both

Are you a teacher in a/an (check one): Abbott classroom Community-based (CBC) classroom in your center?

CHILD CARE WORK INFORMATION:	AGE GROUP SERVED:	HIGHEST LEVEL OF EDUCATION COMPLETED:
<input type="checkbox"/> Full Time	<input type="checkbox"/> Infant/Toddler	High School or GED <input type="checkbox"/>
<input type="checkbox"/> Part Time (at least 30 hours per week)	(0-3 years)	Some College (enclose unofficial transcripts) <input type="checkbox"/>
<input type="checkbox"/> Number of Hours Per Week	<input type="checkbox"/> Preschool (3-5 years)	Associates Degree <input type="checkbox"/>
<input type="checkbox"/> Number of Years In Child Care	<input type="checkbox"/> School-age (5-13 years)	Bachelors Degree <input type="checkbox"/>

I have reviewed the application and documentation and verify that the applicant is employed at-will in this DHS-contracted center 30 or more hours per week, and I am willing to support his/her development as a result of this course work through the implementation of developmentally appropriate programming in the center. I am not financially obligated in any way to do so. I agree to notify PINJ if the applicant leaves this DHS-contracted center before the obligations of the scholarship program are fulfilled.

Signature of Director _____ **Date** ____/____/____

SECTION II: COLLEGE INFORMATION

College Attending: _____ Off-site location (if applicable): _____

Mailing Address:				
Street	City	State	Zip	County

ENROLLMENT INFORMATION:	DEGREED PROGRAM?	SEMESTER:	MONTH/YEAR:
<input type="checkbox"/> # of credits I am taking this semester (may not exceed nine credits)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Summer I, II or III (circle one)	From: ____/____ To: ____/____

My purpose for taking these courses: CDA (for credit) Associates Bachelors P-3 (early childhood teacher certification)

Expected date of graduation/completion: ____/____/____

A MAXIMUM OF \$5,000 PER YEAR FOR A MAXIMUM OF NINE CREDITS PER SEMESTER (EXCEPT FOR P-3 STUDENTS) WILL BE AWARDED TO APPLICANTS IF FUNDS ARE AVAILABLE.

I VERIFY I HAVE READ, UNDERSTAND, AND WILL ABIDE BY THE ENCLOSED RULES AND REGULATIONS FOR THE NJ EARLY CHILDHOOD SCHOLARSHIP PROGRAM. I have fully completed and signed this application and Handbook of Rules and Regulations. I have enclosed all documentation and understand that the scholarship cannot be awarded if I do not successfully complete the application process by the designated deadlines. I understand that incomplete applications will be returned and will not be processed. I give permission to PINJ to request and/or exchange with the bursar/registrar of the college/university named on this application any information needed to complete my scholarship application or for statistical purposes for all semesters/terms in which I have applied for NJ Early Childhood Scholarship funds. I understand that funds are limited and are not guaranteed.

Signature of Applicant _____

Date _____

**SECTION III:
THE NEW JERSEY REGISTRY
FOR CHILDHOOD PROFESSIONALS
SERVING CHILDREN BIRTH THROUGH AGE THIRTEEN**

Participation in the NJ Early Childhood Scholarship Program requires that you participate in the *New Jersey Registry for Childhood Professionals Serving Children Birth Through Age Thirteen*.

The *NJ Registry* is a statewide system that guides, tracks, and recognizes the professional growth and development of individuals working in early care and education, afterschool, and primary education. It keeps track of professional development achievements by maintaining confidential records for each individual. Participants are approved at one of seven levels based on their education and experience. Individuals who conduct training can also be approved at one of three instructor levels. The *NJ Registry* also issues Head Teacher and Group Teacher approvals recognized by the Department of Human Services' Office of Licensing.

Membership in the *NJ Registry* is valid for one year. The initial \$25 registration fee is waived for NJ Early Childhood Scholarship students. Thereafter, you must renew annually for a small renewal fee to continue your participation in the scholarship program. In order to maintain your level, you must participate in at least 20 hours of non-credit professional development per year.

If you have any questions, please call (973) 391-2633 ext.104

Have you applied to the NJ Registry before? (circle) Yes No **If yes, your NJ Registry #:** _____

Mail my NJ Registry certificate to: Home Work

I am also applying for (optional): NJ Group Teacher Approval (minimum CDA or 15 college credits)
 NJ Head Teacher Approval (minimum bachelors degree)

This information is required and will be maintained as confidential. It will be used for statistical purposes only. You must attach a copy of your most recent pay stub.

Annual gross household income: \$ _____ **Salary:** \$ _____ **Circle one:** annual
of people in household: _____ hourly

Date of Birth: ____/____/____
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Sex: Male Female

Race (for census purposes only):

- American Indian or Alaska Native
- Asian Black/African American
- Hispanic/Latino Multiracial
- Native Hawaiian/Other Pacific Islander
- White Unspecified

Benefits offered through employment (check all that apply):

- Medical Dental Retirement
- Life Insurance Child Care Discount
- Paid Professional Development Time
- Other: _____

Languages Spoken (check all that apply):

- African Arabic Armenian Chinese Creole English French Greek Hebrew
- Hindi Italian Japanese Korean Laotian Persian Polish Portuguese
- Russian Spanish Tagalog Thai Tribal Urdu Vietnamese Yiddish
- Other (specify): _____

Primary Language: _____ Secondary Language: _____

Signature of Applicant

_____/_____/_____
Date

WORK EXPERIENCE

List **all** of your **child-related** experience in family child care, licensed center-based child care, afterschool care, public or private school employment, resource and referral agency employment, training/consulting, and college/university employment. **Attach additional sheets if necessary. You may also provide an updated resume with dates in month/day/year format (month and year are required).**

POSITION	PROGRAM/ ADDRESS/ CITY/STATE	FROM (mm/dd/yy)	TO (mm/dd/yy)	AGE GROUP SERVED
HEAD TEACHER (minimum bachelors degree)				
GROUP TEACHER/ PROGRAM LEADER (minimum CDA or 15 credits)				
ASSISTANT TEACHER				
FAMILY WORKER				
SCHOOL-AGE SUPERVISOR				
CHILD CARE CENTER/ SCHOOL-AGE DIRECTOR				
FAMILY CHILD CARE PROVIDER				
INSTRUCTOR OF ADULTS				
PRIMARY SCHOOL TEACHER				
OTHER				

NON-CREDIT DOCUMENTATION

Please mail a copy of your high school diploma any non-credit certificates from non-credit classes, workshops, or conferences which you have taken within the last five years. Also mail copies of any credentials (i.e. CDA, CCP, High Scope, First Aid, CPR) which you may hold along with this application.