

RACE TO THE TOP SUPPLEMENTAL SCHOLARSHIP 2014

AA/AAS DEGREE IN EARLY CHILDHOOD SCHOLARSHIP SUPPORT APPLICATION

Section 1



The goal of the Race to the Top Supplemental Scholarship (RTT) is to enhance the quality of care and education for young children in Oregon by supporting Early Childhood Educators (ECE) to obtain an AA or AAS degree from an Oregon Community College. Scholarship funds are available for ECE workforce students who want to work toward an AA/AAS degree. The intent of the RTT scholarships is to help supplement college costs not covered by other grants or scholarships. The RTT Scholarship will go toward tuition, fees, books, and other indirect expenses. Please complete this form to apply. RTT funding is limited, so act now!

Scholarship Application Deadline: **August 1, 2014**

Awards will be distributed on a first come first served basis, with consideration for candidates that meet priority criteria. Depending on the availability of funds we will accept applications after the given deadline, please consult the program administrator for details.

* Please submit a complete Substitute W-9 form with this scholarship application.

* To be considered for funding for coursework taken in the Fall 2014 term, you will need to submit proof of course registration along with this scholarship application & list your Student Identification Number (required): _____

Activity	Required Documentation	Notes
<input type="checkbox"/> Oregon Community College Coursework toward an AA/AAS Degree	You will need to submit proof of course registration prior to the beginning of each term in order continue receiving aid through the entirety of the academic year.	Coursework must count towards your Associates Degree with a focus in Early Childhood Education. Awards will go towards tuition, fees, and indirect costs.

Section 2

Last Name		First Name		Middle Name
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	Former Name(s)		
Address (street address, apt no)				
<input type="checkbox"/> Physical <input type="checkbox"/> Mailing				
City	State	Zip Code	County of Residence	
Home Phone No.	Work Phone No.	Email Address		
* I would prefer to receive my scholarship award letter via email <input type="checkbox"/> Yes <input type="checkbox"/> No; please send a hard copy to my mailing address				
Name of Facility (list business name; if none, list provider's name)			Facility Phone No.	
Facility Address (street address, apt no, city, state, zip)			Facility Fax No.	

Section 3 (Personal Statement)

- ☐ I have a Step _____ in the Oregon Registry. You must already have an Oregon Registry Step 3 or above to receive scholarship support.
- ☐ I have applied for and/or received other forms of financial aid for my education, please check all that apply:

<input type="checkbox"/> Betty Gray Scholarship from an Oregon Community College	Date:	Amount Awarded:
<input type="checkbox"/> Pell Grant	Date:	Amount Awarded:
<input type="checkbox"/> Other scholarship or grants	Date:	Amount Awarded:

If awarded the Race to the Top Supplemental Scholarship I will utilize the stipends for the following, please check all that apply:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Books and school supplies | <input type="checkbox"/> Transportation to and from college | <input type="checkbox"/> Income due to reduce work hours | <input type="checkbox"/> Special accommodations |
| <input type="checkbox"/> Child Care for my own children | <input type="checkbox"/> Substitute care for my child care business | <input type="checkbox"/> Technology: internet service, computer, etc. | <input type="checkbox"/> Other: _____ |

☐ Write a personal statement of need. There are a limited number of supplemental scholarships which will be awarded to applicants that meet the priority criteria. Your written statement will be used to score your application. Please tell us about yourself and ensure your statement includes answers to the following:

- 1) What have been some barriers to attending/completing college?
- 2) When do you expect to complete your AA degree?
- 3) How many college course credits have you completed? Please submit transcripts.
- 4) Do you have a CDA or a Step 7 in the Oregon Registry?



Tel: 503-725-8535
Toll Free: 1-877-725-8535
Fax: 503-725-5430
occdscholarship@pdx.edu

PSU-OCED
ATTN: Scholarship
PO Box 751
Portland, OR 97207

APPLICATION pg. 1 of 2
pdx.edu/occd
Rev. 5/27/2014

RACE TO THE TOP SUPPLEMENTAL SCHOLARSHIP 2014
AA/AAS DEGREE IN EARLY CHILDHOOD SCHOLARSHIP SUPPORT APPLICATION

Section 4

What is your primary language? _____

Do you speak any other language(s) in addition to your primary language? ☐ Yes ☐ No If yes, please list the language: _____

Do you work in a facility that is working to achieve a QRIS rating? ☐ Yes ☐ No

What is your position or job title? _____

Do you work in a facility that serves children receiving DHS subsidies? ☐ Yes ☐ No

Do you work in a facility that serves children with disabilities? ☐ Yes ☐ No

Do you work in a facility that serves a low income school area? ☐ Yes ☐ No

What is your level of education

- ☐ Less than High School Diploma
☐ High School Diploma or ☐ General Educational Development (GED)
☐ Certificate from college, school, or professional association in: _____
☐ 2-year college degree- AA/AS/AAS or other in: _____
☐ Higher Degree (BA/BS/MA/MS): _____
☐ Other (please list degree and field of study): _____

How long have you worked in the field? Total Years: _____ or Total Months: _____

How long do you plan to continue working in the field? ☐ Less than 1 year ☐ 1 to 2 years ☐ 3 to 5 years ☐ More than 5 years

Section 6 (Supervisor or CF Licensed Providers must complete)

OCC License Number (REQUIRED): _____

By signing below, I attest the applicant is an employee of the above facility, the applicant works **20 or more hours per week** with children younger than 13 years or supervises staff who work with children younger than 13, and the above facility has limited-to-no financial support for staff professional development costs.

Supervisor's/Licensed Provider's Signature _____

Supervisor's/Licensed Provider's Printed Name _____

Date Signed _____

Section 7

By signing below, I attest I work 20 or more hours per week with children younger than 13 years or supervise staff who work with children younger than 13, I need financial support for professional development, and all information provided on this application is true and accurate. I agree to follow the Race to the Top Scholarship Program Policies. I understand the Scholarship Program is under no obligation to provide financial support and may return my application to me if: it is incomplete or received after the deadline, I am not in good standing with the Scholarship Program, funds are not available, or I do not complete the activity. I understand scholarships are awarded on a first come, first served basis; scholarship awards are competitive and cannot be guaranteed. If requested upon approval, I will provide the Scholarship Program documentation showing I completed any activity for which I am awarded scholarship support, or I will contact the Scholarship Program immediately if I do not use my award. If I do not contact the Scholarship Program and the Program pays for an activity I did not complete, I will be held responsible for the amount paid on my behalf.

The Statewide Scholarship Program is an integrated part of the Oregon Registry. The Oregon Registry is a system that will manage your training and education records for licensing requirements and personal professional development. Oregon Registry representatives will undertake all necessary precautions to ensure that only authorized personnel will be able to access confidential information. Confidential information will not be disclosed for any purposes other than described here and as authorized by law. By your signature, you consent to the disclosure of your individual contact and training/education information to authorized personnel with the Office of Child Care at the Early Learning Division, Oregon Center for Career Development, Department of Human Services, and/or the Central Coordination of Child Care Resource and Referral at The Teaching Research Institute and local child care resource and referral programs.

By initialing below, I agree to:

- _____ Enroll in coursework to complete the AA Degree and submit enrollment information prior to the beginning of each term.
_____ Submit transcripts to the Scholarship Program after each completed quarter or notify the scholarship administrator if I withdraw from a class.
_____ Maintain a grade point average (GPA) of 2.5 or higher.
_____ Use the scholarship funds as intended and agreed upon.
_____ Commit to continue working in the Early Learning field for 3-5 years.

Applicant's Signature _____

Applicant's Printed Name _____

Date Signed _____

OFFICE USE ☐ Complete ☐ Re-submitted Complete ____/____/____ ☐ Incomplete (reason: _____)

☐ Approved ☐ Eligibility Letter ☐ Denied (reason: _____)

Amount \$ _____ Index _____ By _____ Date _____



Tel: 503-725-8535
Toll Free: 1-877-725-8535
Fax: 503-725-5430
occdscholarship@pdx.edu

PSU-OCDD
ATTN: Scholarship
PO Box 751
Portland, OR 97207

APPLICATION pg. 2 of 2

pdx.edu/occd
Rev. 5/27/2014



RACE TO THE TOP SUPPLEMENTAL SCHOLARSHIP AWARD

PORTLAND STATE UNIVERSITY- SUBSTITUTE W-9 FORM AND ACH (GO GREEN AUTOMATIC DEPOSIT) ENROLLMENT FORM

Vendors providing products and/or services to PSU must complete the substitute W-9 section and the ACH enrollment section prior to receiving payment.

SUBSTITUTE W-9

We must have a Federal Tax Identification Number (FEIN) or Social Security Number (SSN) in our files for **All VENDORS** receiving payments from us. An IRS W-9 form **may not be substituted** in lieu of this form. For W-9 instructions, see www.irs.gov/pub/irs-pdf/iw9.pdf

NAME (as shown on your income tax return) _____

BUSINESS NAME (if different from above) _____

REMIT TO ADDRESS (number, street, apt. or suite no.) _____

(city, state and zip code) _____

FEDERAL TAX ID NO. (FEIN) _____ OR SOCIAL SECURITY NO. _____

- | | | |
|---|---|--|
| <input type="checkbox"/> U.S. Citizen | <input type="checkbox"/> Individual | <input type="checkbox"/> Woman Owned- State Certified |
| <input type="checkbox"/> U.S. Resident Alien- see back of this form | <input type="checkbox"/> Partnership | <input type="checkbox"/> Woman Owned- Self Reported |
| <input type="checkbox"/> Foreign Alien or Entity- Complete form W-8-see back of this form | <input type="checkbox"/> Corporation | <input type="checkbox"/> Minority Owned- State Certified |
| <input type="checkbox"/> Nonprofit Entity | Date of incorporation: _____ | <input type="checkbox"/> Minority Owned- Self Reported |
| <input type="checkbox"/> Limited Liability Corporation- Individual | <input type="checkbox"/> Limited Liability Corporation- Corporation | |
| Owner's Name _____ | <input type="checkbox"/> Limited Liability Corporation- Partnership | <input type="checkbox"/> Emerging Small Business-state certified |
| | | <input type="checkbox"/> Emerging Small Business- self reported |

CERTIFICATION:

Under penalties of perjury, I certify that

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined in the IRS W-9 instructions)

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct taxpayer identification number. **SIGN HERE** _____

SIGNATURE OF INDIVIDUAL OR COMPANY OFFICIAL AND TITLE

DATE:

ACH GO GREEN ENROLLMENT- SIGN UP AND SUPPORT ENVIRONMENTAL SUSTAINABILITY

FINANCIAL INSTITUTION _____ TYPE OF ACCOUNT (Choose one) ☐ Checking ☐ Savings

BANK ABA ROUTING NO. _____ DEPOSIT ACCOUNT NO. _____

EMAIL ADDRESS REQUIRED (Notice of Payment) _____

DEPOSITOR ACCOUNT TITLE _____

- CHECK ONE OF THESE OPTIONS:
- ☐ The entire amount of the ACH deposit **IS NOT deposited to a financial institution outside the U.S.** (If this box is checked, sign the form, and return it to PSU at the address below.)
- ☐ The entire amount of the ACH deposit **IS ultimately deposited to a financial institution outside the U.S.** (If this box is checked, complete the following Additional Information, sign the form, and return it to PSU at the address below.)

ADDITIONAL INFORMATION:

Person/ Entity receiving the deposit _____ Receiver Bank ID No. _____

Payment Reason/ Remittance Information _____

Receiver's Address (number, street, suite no.) _____

City, State, and Postal Code _____

We hereby authorize Portland State University in an effort to promote the University's theme of environmental sustainability, to initiate CREDIT ENTRIES ONLY to our financial institution. We acknowledge that the origination of ACH transactions to our account must comply with the provisions of US law and that this information is to remain in full force and effect until Portland State University has received written notification from us of termination in such time and such manner as to afford Portland State University and the Financial Institution a reasonable opportunity to act on it.

A voided check for this bank account must be attached. No deposit slips please.

SIGNATURE: _____ TITLE OF REPRESENTATIVE: _____

DATE: _____ TELEPHONE: _____

☐ I, We opt out of ACH Direct Deposit to our Financial Institution from Portland State University. I, we understand that unless we are a current employee or a student of PSU, we will be subject to the provisions of Oregon Administrative Rule (OAR) 577-072-0030 effective as of January 1, 2010 and may incur additional charges for check processing.