

## College Tuition: Individual

For State Use Only	
Date Received: _____	Invoice #: _____
Reviewed/approved: _____	Date: _____
Payment entered by: _____	Date: _____
License check: _____	
Application #: _____	Agreement # _____
<u>Program Manager Approval/Denial:</u>	
_____ Approved: \$ _____	_____ Denied
_____	Date: _____
(Signature)	

This application is for Vermont residents to assist with the cost of college coursework. These are related to one or more of the following core areas of knowledge regarding early childhood and school-age children. The core areas of knowledge are child development (including special needs); families and communities; curriculum; teaching and learning; professionalism and program organization; and/or healthy and safe environments (including mental health). The CDD regulated program in which the applicant works or operates must be in good regulatory standing with the CDD.

### Eligibility

- Be employed for at least 3 months by a CDD regulated child care program in good regulatory standing\*

- **OR** Work with infants, toddlers or other children with needs in regulated child care programs as a early interventionist, as a health or mental health consultant.
- Demonstrate commitment to work in the field for at least one year in Vermont after course is completed.
- Demonstrate financial need.
- Applied and received an eligibility determination from VSAC.
- Demonstrate academic achievement.
- Employees of public schools are NOT eligible for this type of grant.

*There are many courses offered at low or no cost through various programs in the state. It is critical that a thorough search of these opportunities take place prior to registering for and requesting CDD tuition*

*assistance. Grants for individual course assistance will not be awarded if there is a comparable tuition-free course accessible to the applicant.*

### Contact Person

Heather Mattison  
802-241-4551  
800-649-2642 ext. 4551  
[heather.mattison@ahs.state.vt.us](mailto:heather.mattison@ahs.state.vt.us)

### Application Deadline

By the first of any month

*For information about the other funding sources contact:*

**Vermont Student Assistance Corporation**  
PO Box 2000  
10 East Allen Street  
Winooski, Vermont 05404  
800-642-3177  
[www.vsac.org](http://www.vsac.org)

Name (Print) \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (work) \_\_\_\_\_ Email \_\_\_\_\_

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1) Tuition:

- ❖ What is the total cost of college tuition for this course? \$ \_\_\_\_\_
- ❖ How much tuition assistance are you requesting? \$ \_\_\_\_\_

2) Please check one:

I am a:

- Registered Family Home Provider: Certificate # \_\_\_\_\_
- Licensed Child Care Center Direct/Staff or Eligible Consultant  
Employer/Program Name: \_\_\_\_\_ Licensed Certificate #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3) Have you received a CDD college tuition grant in the previously?

What year/s? \_\_\_\_\_  
For what amount? \_\_\_\_\_

4) College course information:

Name of Course: \_\_\_\_\_  
Course Number: \_\_\_\_\_ Higher Education Institution/College: \_\_\_\_\_

5) Education history and current status:

Higher Education Institution attended: \_\_\_\_\_  
Semester/Year: \_\_\_\_\_

Currently:

- Full-time student
- Part-time Student

In a:

- Degree Program
  - Non-degree Program
- If you are in a degree program, what is your major/area of study? \_\_\_\_\_

Type of courses:

- Undergraduate courses
- Graduate level courses

Are you working toward a specific credential?  No  Yes

If "yes" check the correct box:

- CDA (Child Development Associate)
- CCP
- Department of Education Educator Licensure
- Certificate of Completion – Child Care Apprenticeship

6) Attach the following information. These items with the application form complete your application. Only complete applications will be considered for funding.

**a. One Recommendation Letter** (*from a non-relative addressing your character, initiative, leadership potential; education and work ethic; talent and/or potential for success, and your commitment to chosen field of study/career*)

**b. Two Essays, Maximum one page for each essay.**

- ❖ #1 – *Commitment to pursuing chosen career/vocation;*
- ❖ #2 – *Short and long-term professional goals and how they relate to your career in Vermont*

**c. College Transcripts(s)** *Photocopied transcripts are acceptable.*

**d. Individual Professional Development Plan (IPDP).** *You may use the brief IPDP form provided with this application. Be sure to make it clear how this course supports your plan.*

\_\_\_\_\_ Check here if you have an up-to-date IPDP in Bright Futures Information System. If so you do not need to send it with the application.

**e. Course Description with identified Areas of Knowledge (see eligibility)**

**f. Copy(ies) of any or all completed financial aid forms and related acceptance or denial letter(s).**

**g. A brief statement of your need for financial assistance**

**h. a copy of your most recent completed Federal IRS Income Tax statement**

**i. A budget that defines your total request** (*total expenses minus financial aid award = total request*)

**Please sign one of the certificates below:**

### **Certification**

I certify that the information contained in this application is true and correct; I also certify that the following statements are true:

- 1) My program will comply with applicable eligibility criteria of the Child Care Development Fund including not discriminating or barring participation on the basis of race, religion, sex, color, handicap or national origin.
- 2) I have worked directly with children at the location indicated on this application for at least 6 months.
- 3) I plan to work in regulated child care or AfterSchool care setting serving Vermont children for at least 1 year.
- 4) I am a Vermont resident.
- 5) I am not a public school employee and my salary is not paid by a public school.
- 6) The program I work in is in good regulatory standing with the Child Development Division and any outstanding violations have been corrected which means that I also certify that within the past twelve months all regulatory violations are corrected, no "Parental Notification letter/s" have been mailed and the program does not have a pattern of repeated regulatory violations with the CDD.
- 7) I understand that if I choose not to complete this course the funds must be returned to the Child Development Division.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\* Good regulatory standing means that any regulatory violations have been corrected, no "Parental Notification Letter/s" have been mailed within a year of the application and the program has not**

demonstrated a pattern of repeated regulatory violations in the year prior to the application. The CDD may, upon request in an individual case, grant a waiver from this grant policy. A waiver may be requested by completing and signing the "alternative certification" at the end of this application.

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OR

**Alternative Certification**

I certify that the information contained in this application is true and correct;

I also certify that the following statements are true:

- 1) My program will comply with applicable eligibility criteria of the Child Care Development Fund including not discriminating or barring participation on the basis of race, religion, sex, color, handicap or national origin.
- 2) I have worked directly with children at the location indicated on this application for at least 6 months.
- 3) I plan to work in regulated child care or AfterSchool care setting serving Vermont children for at least 1 year.
- 4) I am a Vermont resident.
- 5) I am not a public school employee and my salary is not paid by a public school.
- 6) I understand that if I choose not to complete this course the funds must be returned to the Child Development Division.
- 7) My program does not currently meet the criteria for good regulatory standing due to the following:

\_\_\_\_\_

- 8) I am requesting a waiver from the grant requirement of good regulatory status for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Make 3 copies of your complete application\***. Keep one for yourself, and send two copies to the address below. Be sure to sign the appropriate certification for your application! \* Complete means all the required enclosures and attachments are included with each application.

**Child Development Division**  
**ATTN: Linda Clark**  
**103 South Main Street – 2 North**  
**Waterbury, Vermont 05671-2901**  
**Phone: 802-241-1215 or 800-649-2642 ext. 1215;**  
**email: [linda.clark@ahs.state.vt.us](mailto:linda.clark@ahs.state.vt.us)**