



## EARLY ACHIEVERS GRANT, SCHOLARSHIP APPLICATION

Please fill in all sections in blue or black ink. Return the completed application to the program office.

### CONTACT INFORMATION

Name (Last, First, M.I.) \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
 STARS ID: \_\_\_\_\_ Student ID: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
 Preferred Learning Language(s) (spoken/written): \_\_\_\_\_ / \_\_\_\_\_

### CHILD CARE EMPLOYMENT

To qualify for this grant, you must be employed in a qualifying role at an Early Achiever site and classroom.

Position Title:  Owner/Licensee (Family Home)  Director/Assistant Director/Program Supervisor  
 Lead Teacher  Assistant Teacher  Other: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_ Employer Type:  Family Home  ECEAP  Center  Head Start

How long have you worked at your current employer? \_\_\_\_\_ Current Schedule: \_\_\_\_\_ hours/week

Ages of Children Served: \_\_\_\_\_ Your Rate of Pay Per Hour (optional): \_\_\_\_\_

### EDUCATION

Previous college experience:  I am a new college student  I am a returning student

I have earned my:  GED  High School Diploma If not, what is the highest grade you completed? \_\_\_\_\_

In what state/country did you earn your GED/High School Diploma: \_\_\_\_\_

Previous colleges or classes attended:

SCHOOL / COLLEGE	CITY, STATE	DATES ATTENDED	FOCUS OF STUDY	CERTIFICATES / DEGREE EARNED

### SUPPORTIVE RESOURCES

Have you received financial assistance or support services through any community programs?

Check all that apply.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Financial Aid (Pell Grant, State Need Grant, Work Study, Loans) | <input type="checkbox"/> Work Source / WIA                     | <input type="checkbox"/> Washington Department of Social and Health Services          |
| <input type="checkbox"/> Adult Basic Education/GED                                       | <input type="checkbox"/> Trade Act                             | <input type="checkbox"/> I-BEST   |
| <input type="checkbox"/> English as a Second Language                                    | <input type="checkbox"/> WorkFirst or WorkFirst Financial Aid  | <input type="checkbox"/> Career Exploration, Job Search Services or Career Assessment |
| <input type="checkbox"/> Student Support Services  | <input type="checkbox"/> Disability Support Services           | <input type="checkbox"/> Other(s): _____  |
| <input type="checkbox"/> Worker Retraining Assistance                                    | <input type="checkbox"/> Displaced Homemakers Assistance _____ |   |

Please complete application on reverse side ►



Early Achievers Grant, Scholarship Application, page 2

**Please write a paragraph telling us why you want to be in the Early Achievers Grant program?**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**STUDENT COMMITMENT**

*My signature below indicates that, if I am selected, I understand and agree that;*

- I am responsible for attending all my classes regularly.
- I am required to check in with my ECE Advisor / coordinator each quarter.
- I am required to maintain a minimum of a 2.0 GPA and complete a minimum of 50% of the credits attempted each quarter.
- I am responsible for maintaining up-to-date contact information with both Registration and Financial Aid offices.
- I give permission for my name and picture to be used to publicize this scholarship program, or I will leave written instructions on file with my advisor regarding restrictions.
- I hereby authorize the release of my academic records for the purpose of:  
1.) Determining eligibility 2.) Accessing student services 3.) Meeting reporting requirements and 4.) Analyzing the success of the grant program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_