

OREGON STATEWIDE SCHOLARSHIP PROGRAM 2015-2016

The Oregon Statewide Scholarship Program, administered by OCCD, supports the growth of quality child care in Oregon. Thanks to funding from the Oregon Community Foundation's Betty Gray Early Childhood Development Endowment Fund, the Scholarship Program provides financial support for training and education, for providers working in OCC licensed family or center child care, Head Start, and before/after school programs across the state. The program prioritizes support for those who are working on Oregon Registry Step advancement, credential achievement, and/or degree completion. To learn about the Oregon Center for Career Development (OCCD) visit our webpage (www.pdx.edu/occd).

HOW TO APPLY

STEP 3+ AND 20 HOURS OF EMPLOYMENT

MAKE SURE YOU MEET PROGRAM REQUIREMENTS

You must work directly with children or supervise staff who work directly with children at least 20 hours a week in an Oregon Office of Child Care licensed facility. You must already have an Oregon Registry **Step 3** or above **at the time you submit the application**. And identify specific professional or training goals which align with the scholarship program, as outlined in the professional development plan of the application. *If you have submitted an Oregon Registry Step application, please allow time for the registry process to complete. Once you are awarded a step, you may submit your scholarship application for review.

CHOOSE A SCHOLARSHIP ACTIVITY

Advancement Training Scholarship - For candidates with an Oregon Registry Step 3-8.5, apply for:

- **Community Based Training:** Oregon Conferences and Cohort training organized by state supported CCR&R and/or approved professional organizations
- **Community College Coursework:** Community College Coursework and College Transcription
- **Credentials & Degree Translation:** CDA Credential Application fees, Oregon Registry Credential fees, and Out of Country Degree Translation/Evaluation fees

Leadership Training Scholarship - For candidates with an Oregon Registry Step 9-12, apply for:

- **Community Based Training:** Advanced Cohort training series organized by state supported CCR&R and/or approved professional organizations that support the Oregon Quality Rating Improvement System
- **Credentials & Degree Translation:** Oregon Registry Credentials & Out of Country Degree Translation/Evaluation fees

ALLOW 3-5 BUSINESS DAYS

COMPLETE THE APPROPRIATE APPLICATION FOR YOUR ACTIVITY OF CHOICE

Scholarship applications are organized by Oregon Registry Step level. Please visit our website or call our office to get the most up to date scholarship application. Pay close attention to term deadlines and allow 3-5 business days for processing. Before submitting an application make sure you enclose all the required documentation for the activity you are requesting.

SEND YOUR SCHOLARSHIP APPLICATION & FOLLOW UP

Mail completed scholarship application and required documentation to:
PSU-OCCD, Attn: Scholarship, PO BOX 751 Portland, OR 97207 or Email: occdscholarship@pdx.edu

Allow 3-5 business days for processing. If your application is sent back, directions to successfully complete your application will be indicated in the return letter. If you do not receive correspondence from us, please give us a call to ensure that your application was received. If you receive a scholarship, please read the award letter and follow the instructions listed to access your award, this may include submitting additional documentation to training organizers.

If you are awarded a scholarship, we may ask for completion documentation for the activity awarded. Contact us immediately if you do not use your award. Providers will be held financially responsible for incomplete activities paid on their behalf.

OREGON STATEWIDE SCHOLARSHIP PROGRAM 2015–16
SCHOLARSHIP PROFESSIONAL DEVELOPMENT PLAN (REQUIRED)

Section 1

The goals of the scholarship program are:

- 1) To increase professional knowledge and skills, of eligible providers, through accessible professional development.
- 2) To encourage participants to exercise intentionality in planning and pursuing their professional development.
- 3) To encourage and support Oregon Registry Step advancement, credential achievement, and/or degree completion.

Please tell us about your goals

NAME: (Last, First) _____	
STEP: My current Oregon Registry step is: # _____	GOAL: This year, I would like to achieve: <input type="checkbox"/> Movement on the Oregon Registry . My step goal(s): _____ <input type="checkbox"/> Completion of a Credential . Credential type (CDA, Oregon Credential, Degree Translation/Evaluation): _____ _____ <input type="checkbox"/> Completion of a Degree . Degree type: _____ <input type="checkbox"/> Leadership Development. Leadership activity (Advanced Cohort, Credential): _____ _____ _____
TRAINING/EDUCATION: The type of training I need to achieve my goal (as stated above) is? <i>Please check all that apply, regarding the types of training you will pursue to achieve your goal(s). Consult your MyORO for details about your training needs (my.oregonregistryonline.org).</i>	
<input type="checkbox"/> Community Based Training: <input type="checkbox"/> Set One <input type="checkbox"/> Set Two <input type="checkbox"/> Set Three <input type="checkbox"/> College Coursework <input type="checkbox"/> Credit for Prior Learning <input type="checkbox"/> Observation, Portfolio, or an Application Process	
TRAINING/ EDUCATION DETAIL: <i>Please provide details, as applicable, regarding the details of your training: total number of hours, hours by core knowledge category, credit breakdown, or the actions necessary to achieve a credential.</i>	Complete as available and/or as applicable: <ul style="list-style-type: none"> ■ Number of training hours or credit hours needed: _____ ■ Number of training hours needed by Core Knowledge Category: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> DIV FCS HGD LEC OA SN UGB HSN PPLD PM </div> ■ Actions necessary to achieve credential:
SCHOLARSHIP: Based on your goals & training needs, how will this award help you achieve your goals? <i>Please note, the types of activities you selected for scholarship should correlate with your goal(s).</i>	

Section 2



The Oregon Statewide Scholarship Program supports the growth of quality of childhood care and education in Oregon by supporting professional development. Scholarship funds are prioritized for candidates who have a Step 3-8.5 and who are working on Oregon Registry Step advancement, credential achievement, and/or degree completion.

Activity	Required Documentation	Notes
<input type="checkbox"/> Conference & Cohort Training	Please submit a scholarship request before the training begins.	You may use this award in the following ways: 1) To attend conferences held in Oregon and sponsored by: OACCD, OAEYC, Oregon ASK, or PRO. 2) To attend cohort trainings approved by the Oregon Registry Trainer Program and offered by a state supported Child Care Resource and Referral or any of the professional organizations listed above.
<input type="checkbox"/> Oregon Community College Coursework	Please send proof of course registration with your application. "Course Registration" must be from an official college source (college online registration portal or the college registrar office) and include: student name, student ID number, college name, college term, course number, course credits.	Deadlines by Term Please submit your scholarship application by: Summer Term 2015: June 10 (PCC June 5) Fall Term 2015: September 14 (PCC August 31) Winter Term 2016: December 11 (All Colleges) Spring Term 2016: March 21 (PCC March 7) *Eligible coursework must be in the field of childhood care and education. The scholarship offers support for up to 4 credits per term for tuition only.
<input type="checkbox"/> Oregon Community College Transcription	Please send proof of transcription with your application. Documentation should be an evaluation of credits and charges that will be assessed by your college.	Transcription of a CDA or an Oregon Registry Step 7 for community college credit.

Section 3

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	
Phone No. 1	Phone No. 2	Email Address		
<input type="checkbox"/> Yes , I would prefer to receive my scholarship award letter via email or <input type="checkbox"/> No , please send a hard copy to my mailing address				

Section 4

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

What is your position? (check all that apply)

- | | | | |
|---|---|--|-----------------------------------|
| <input type="checkbox"/> Aide 1 or 2 | <input type="checkbox"/> Teacher's Aide | <input type="checkbox"/> Cook | <input type="checkbox"/> Operator |
| <input type="checkbox"/> Assistant 1 or 2 | <input type="checkbox"/> Director | <input type="checkbox"/> Education Coordinator | <input type="checkbox"/> Provider |

Choices Continue on next page →



OREGON STATEWIDE SCHOLARSHIP PROGRAM 2015-16
OREGON REGISTRY STEPS 3-8.5: TRAINING/EDUCATION SUPPORT APPLICATION

- Head Teacher Executive Director Administrative Support Substitute Provider
 Teacher Driver Health/Mental Health Worker Other (please list): _____

Level of Education

- Less than High School Diploma High School Diploma General Educational Development (GED)
 Certificate from college, school, or professional association in: _____
 2-year college degree- AA/AS/AAS or other in: _____
 4-year college degree- BA/BS or other in: _____
 Master's degree- MA/MS/MED or other in: _____
 PhD, EdD or other doctoral degree in: _____
 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 5

Name of Facility (list business name; if none, list provider's name) _____ Facility Phone No. _____
 Facility Address (street address, apt no, city, state, zip) _____

OCC License Number (REQUIRED)

Supervisor Signature: 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 6

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 Oregon Statewide 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 Oregon 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.

 Applicant's Signature Applicant's Printed Name Date Signed

OFFICE USE	<input type="radio"/> Complete	<input type="radio"/> Re-submitted Complete	____/____/____	<input type="radio"/> Incomplete (reason: _____)
	<input type="radio"/> Approved	<input type="radio"/> Eligibility Letter	<input type="radio"/> Denied (reason: _____)	
Amount \$	_____	Index	_____	By _____ Date _____

