

GED Assessment Fee Grant

This application is for Vermont residents working in a regulated child care program to assist with the cost of applying for a GED. The maximum amount of this grant is \$120.00

Eligibility

- Be employed by a CDD-regulated child care program or have submitted a new application to become licensed/registered.
- Have an approved record check on file at the Child Development Division.
- The program in which the applicant works or operates must be in good regulatory standing*.
- Demonstrate a commitment to work in the field for at least one year in Vermont after the GED is achieved.
- Demonstrate financial need.

For Reviewers Only	
Date Received: _____	Invoice #: _____
Reviewed/Approved: _____	Date: _____
Payment Entered: _____	Date: _____
License Check: _____	
Application #: _____	Agreement #: _____
Program Manager Approval/Denial	
Approval: \$ _____	Denied <input type="checkbox"/>
Signature: _____	Date: _____

For questions about the grant, contact:

Brenda Schramm
Phone: 802-379-7267
Email: brenda.schramm@vaeyc.org

Applications are accepted on an ongoing basis.

Allow 4-8 weeks for a decision.

Name (Print): _____

Birth Date: _____ Social Security #(optional): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (Home): _____ (Work): _____

Email: _____

Employer: _____

License/Registration #: _____ BFIS#: _____

I am:

- A registered Family Child Care Home provider (or have applied to become one)
- A licensed center or home staff member



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Please answer the questions below:

1) Date you plan to send in your application for the GED Assessment Test: _____

2) When do you plan to take the GED Assessment Test? _____

3) Are you working with a mentor? Yes No

 a. If yes, who is your mentor? _____

 b. What organization does your mentor work from? _____

4) Please include with your signed application:

a. A statement of your need for financial assistance. Why are you requesting this grant?

b. Current Individual Professional Development Plan (IPDP). The IPDP must contain a self-assessment, goals, strategies/resources, and timelines. IPDP forms can be downloaded from www.northernlightscdc.org.

Check here if you have an up-to-date professional development plan in Bright Futures Information System (BFIS). If so you do not need to send it with the application. Go to [http:// northernlightscdc.org](http://northernlightscdc.org) for more information about entering your information into BFIS.

c. Outline what you have done to prepare for the GED assessment?

d. A statement of why you are requesting financial aid.

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Certification

Please sign the certification below:

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 am working directly with children at a CDD-regulated child care facility (or plan to open a new program) and have an acceptable record check on file at the CDD.
3. I plan to work in a Vermont regulated child care or afterschool care setting serving Vermont children for at least one year after receiving any grant funds from the CDD.
4. I am a Vermont resident..
5. I am not a public-school employee who is paid on the teacher salary schedule for my work in the regulated child care setting.
6. For existing programs: The program I work in is in good regulatory standing with the Child Development Division, which means that I also certify that within the past twelve months all regulatory violations are corrected, no "Parental Notification letters" have been mailed and the program does not have a pattern of repeated regulatory violations with the CDD or I have attached a letter explaining why my program is not in good regulatory standing.
7. I do not already have a GED or High School Diploma.
8. I do not owe any funds to the State of Vermont and am in good standing with the Vermont Department of Taxes.

Applicant's Signature: _____ Date: _____

Keep a copy of your application, and be sure to sign the certification above. Mail the original application with the attachments to the following address:

Vermont Association for the Education of Young Children (VtAEYC)

ATTN: Brenda Schramm

145 Pine Haven Shores Road, Suite 1137

Shelburne, VT 05482

NOTE: Awardees are required to submit a federal W-9 form to process an approved grant. You can find the form on the Child Development Division website under "Grants". Please send this completed form with your application to complete the process.