

# College Tuition Grant

This application is for Vermont residents to assist with the cost of college coursework. The coursework must be related to working with children. The maximum amount of this grant is \$1000 per semester.

## Eligibility:

- Be employed for at least 3 months by a CDD regulated child care program. OR Work with children in regulated child care programs as an early interventionist. 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 course is completed.
- Demonstrate financial need.
- Received eligibility determination from relevant federal and/or state financial aid sources (see question 6.f)
- Demonstrate academic achievement.
- Be enrolled in a course for college credit by an accredited institution.

*Employees of public schools who are paid on the teacher salary schedule for work in the regulated care setting are not eligible for this type of grant.*

## For State Use Only

Date Received: \_\_\_\_\_ Invoice #: \_\_\_\_\_  
Reviewed/approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Payment entered: \_\_\_\_\_ Date: \_\_\_\_\_  
License check: \_\_\_\_\_  
Application #: \_\_\_\_\_ Agreement #: \_\_\_\_\_

## Program Manger Approval/Denial

Approved: \$ \_\_\_\_\_  Denied  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Contact Person

Heather Mattison  
802-241-4551 or 800-649-2642 ext. 4551  
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

Name (Print): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security # (optional) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

License/Registration # \_\_\_\_\_

## I am:

- A registered home provider
- A licensed center staff
- An early interventionist



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Please answer the questions below:

## 1) Tuition:

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

## 2) Have you received a CDD college tuition grant in the past? Yes No

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

## 3) College course informaton:

Name of Course: \_\_\_\_\_

College/University: \_\_\_\_\_

Course Number: \_\_\_\_\_ Number of Credits: \_\_\_\_\_ Semester/year: \_\_\_\_\_

## 4) Current educational status:

- a)  Full-time student       Part-time student
- b)  Non-degree student       Degree student; Major: \_\_\_\_\_
- c)  Undergraduate course       Graduate level course
- d) Are you working toward a specific credential?       Yes       No

If yes check the correct box:

- CDA                                       Certificate of Completion - Child Care Apprenticeship
- CCP                                          Community College of Vermont Child Care Certificate
- Department of Education Licensure

## 5) My program, or the program which I am employed:

Has received no violations to the child care regulations in the past year.

OR

Has received the following violations, but no Parental Notification Letter violation in the past year and I have attached a statement detailing the violation(s) and what I am doing to make sure the violations do not happen again.

## 6) Attach the following information:

- 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 Transcript(s) Photocopied transcripts are acceptable.

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d) 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](http://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> for more information about entering your information into BFIS.

e) Course Description with identified objectives which relate to caring for children.

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

- For degree students - include an award or denial letter from the college's financial aid office, including the federal PELL grant, and the Vermont grants.
- For non-degree students - include an award or denial letter from VSAC for the Vermont Non-Degree Grant.

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 certifications 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 a CDD regulated child care facility for the past three months.
3. I plan to work in regulated child care or afterschool care setting serving Vermont children for at least 1 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 care setting.
6. 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 letter/s" have been mailed and the program does not have a pattern of repeated regulatory violations with the CDD.

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

*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!*

**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)**

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## 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 a CDD regulated child care facility for the past three months.
3. I plan to work in regulated child care or afterschool care setting serving Vermont children for at least 1 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 care setting.
6. My program does not currently meet the criteria for good regulatory standing due to the following:

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7. I am requesting a waiver from the grant requirement of good regulatory status for the following reason(s):

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

*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!*

### 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

*\* Good regulatory standing means any regulatory violations have been corrected, no "Parental Notification Letter/s" have been mailed and the program does not have a pattern of repeated regulatory violations with the CDD.*