

AB 212 SCHOLARSHIP APPLICATION

NAME OF FUND	AB212 Staff Retention Program for State Subsidized Center Based Programs
FUNDING COMPONENT	Supporting professional development opportunities of the Title 5 Provider workforce.
SCHOLARSHIP	<p>To attend Inclusion Collaborative-Teaching Pyramid: The California Collaborative for Social Emotional Foundations for Early Learning (CA-CSEFEL) Module 1, 2, 3a & 3b Supporting Positive Behaviors in the Home and Classroom</p> <p>(\$1400/team of 2 people)</p>
SCHOLARSHIP PURPOSES	<p>To support the development and leadership skills of the Early Childhood Education (ECE) Title 5 Provider workforce, in order to maintain high quality program.</p>
ELIGIBILITY	<ul style="list-style-type: none"> • Work directly with children who receive subsidized care • Work in a Title 5 subsidized center based program • Team Training: must have at least 2 team members registered. • Commitment: Attendance is required of all 4 training sessions.
FUNDER	<p style="text-align: center;">California Department of Education (CDE)</p> <p><i>Administered by:</i> Local Early Education Planning Council (LPC) of Santa Clara County, under the Santa Clara County Office of Education.</p>
CONTACT PERSON	<p style="text-align: center;">Giang Le, Early Learning Services Specialist</p> <p style="text-align: center;">408-453-4331</p> <p style="text-align: center;">Giang_Le@sccoe.org</p>

APPLICANT NAME (Team or Program)	
ADDRESS	
CONTACT PERSON	
CONTACT PHONE	
CONTACT EMAIL	
HOW MANY PEOPLE IN THE TEAM?	
TEAM MEMBER #1	<p><i>Full Name:</i></p> <p><i>Email :</i></p> <p><i>Phone:</i></p> <p><i>Position/Title:</i></p> <p><i>Children age-group s/he is currently working with:</i></p> <p><i>Years of experience working in early childhood education:</i></p>
TEAM MEMBER #2	<p><i>Full Name:</i></p> <p><i>Email:</i></p> <p><i>Phone:</i></p> <p><i>Position/Title:</i></p>

	<p>Children age-group s/he is currently working with:</p> <p>Years of experience working in early childhood education:</p>
<p>ELIGIBILITY STATEMENT</p> <ul style="list-style-type: none"> • Why do you consider the CA Teaching Pyramid (CSEFEL) Training? • How will you use the information gained to improve your classroom/site/program? 	

I, _____, certify that our team will attend all training (12/08/2018, 1/12/2019, 2/09/2019, & 03/09/2019) as requested in order to receive the AB 212 scholarship. I understand that failure to attend these trainings will result in the loss of received scholarship.

Name (please print)

Title

Signature

Date