

AB 212 SCHOLARSHIP APPLICATION

NAME OF FUND:	AB 212 Staff Retention Program for State Subsidized Center Based Programs
FUNDING COMPONENT:	Supporting professional development opportunities of the Title 5 Provider workforce.
SCHOLARSHIP	Working with Children Who Challenge Teachers' Skills (HD 426)- 3 unit course at Pacific Oaks College in Spring 2019 (\$450/person)
SCHOLARSHIP PURPOSES	To support the development and leadership skills of the Early Childhood Education (ECE) Title 5 Provider workforce, in order to maintain a high quality program.
APPLICANT ELIGIBILITY:	<ul style="list-style-type: none"> • Work directly with children who receive subsidized care • Work in a Title 5 state subsidized center based program • Commitment: Attendance is required at all class sessions: 01/26-27/2019, 02/23-24/2019, and 03/30-31/2019.
APPLICATION DEADLINE	November 16, 2018
FUNDER	<p>California Department of Education (CDE)</p> <p><i>Administered by:</i> Local Early Education Planning Council (LPC) of Santa Clara County, under Santa Clara County Office of Education, Office of the Superintendent.</p>
CONTACT PERSON	<p>Giang Le, Early Learning Services Specialist</p> <p>408-453-4331</p> <p>Giang_Le@sccoe.org</p>



APPLICANT NAME	
ADDRESS	
PHONE	
EMAIL	
EMPLOYMENT INFORMATION	<p><i>Employer:</i></p> <p><i>Address:</i></p> <p><i>Phone:</i></p> <p><i>Is the program a Title 5 center-based?</i></p> <p><i>Children age-group you are currently working with:</i></p> <p><i>Current job position/title:</i></p> <p><i>Years of experience working in early childhood education:</i></p>

<p>ELIGIBILITY STATEMENT</p> <ul style="list-style-type: none">• Why are you considering this class? • How will you use the information gained to improve your classroom/site/program?	
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I, _____, certify that I will attend all class dates (**01/26-27, 02/23-24, and 03/30-31/2019**) as requested by Pacific Oaks College, in order to receive the AB 212 scholarship. I understand that failure to attend these trainings will result in the loss of received and future scholarships.

Name (please print)

Title

Signature

Date