

Children and Youth Partnership for Dare County
Child Care Resource and Referral

Project EDU, Spring 2009
Education Lift-Off

APPLICATION FOR CHILD CARE CENTER EMPLOYEES

To apply for *Education Lift-off*, please complete the following application. Be sure it is signed by you and the center director or owner and make a copy for your records. The application must be **received** by Children and Youth Partnership for Dare County no later than **5 PM on Monday, November 17, 2008**. If you have any questions or need assistance with application, please call Bonnie at 441-4737.

Mail to:
Children and Youth Partnership for Dare County
P.O. Box 2539
Kill Devil Hills, NC 27948

Bring by:
Children and Youth Partnership
2400 N. Croatan Hwy. Suite D
Kill Devil Hills, NC (Milepost 5.9)

Applicant Information

Date of Application: _____ Date Received: _____
(CYP use only)

Name: _____

Mailing Address: _____
Street / P.O. Box

_____ City Zip Code

Home Phone: _____ E-mail: _____

Program Information

Name of Child Care Center: _____

Director: _____ Program Phone Number: _____

Program Address: _____
Street / P.O. Box

_____ City Zip Code

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Please complete the following information regarding the Early Childhood Education Class/Classes you plan to take:

Course #	Course Title	Credit Hours	Educational Institution
(example) EDU 119	Intro. to Early Childhood Education	4	

Have you submitted a T.E.A.C.H. Scholarship application to Child Care Services Association? yes, _____ no plan to submit
(date submitted)

Does your child care program currently sponsor T.E.A.C.H. participants?
yes no

If no, is the program willing to sponsor T.E.A.C.H. participants?
yes no

I have read and understand the *Education Lift-Off* Information Sheet and Application and will be able to meet the requirements in order to fully participate in this project. I understand that I will have to pay back funds if I do not complete the class or earn less than a grade of "C", or if I do not remain employed in a licensed Dare County child care program throughout the grant period.

Signature of Applicant

Date

To be completed by center director or owner:

<p>_____ recommends the above applicant's (Name of Child Care Program) plan to take _____ semester hours in Spring 2009 <i>and</i> will sponsor the (# sch) applicant in the T.E.A.C.H. Early Childhood Scholarship Program.</p> <p>_____ Signature of Director or Owner</p> <p>_____ Date</p>
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Education Lift-Off is subject to availability of funds. Program may change as needed.