

High 5 For Quality

Growing quality early childhood programs...
Quality Counts!



Scholarship Information



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First 5 El Dorado High 5 for Quality Scholarship

Scholarship Information

First 5 El Dorado is pleased to announce the release of High 5 for Quality Scholarships! Scholarships are available to individuals currently pursuing a career at a two or four year college/university in early childhood education or child development.

Scholarships are awarded annually to a recipient after proof of completing 6 units towards a child development degree with the California Commission for Teacher Credentialing at a 2 or 4-year college/university in the previous year. Scholarships are renewable annually.

Scholarship Requirements

Applicants must be employed in a licensed child care program within El Dorado County at least 15 hours per week, 9 months a year, working with children birth through five years of age. Applicant must have a "C" or better in each class toward the child development permit and:

- Complete scholarship application (attached)
- Verify employment (attached)
- Submit a complete Professional Growth Plan and Record signed by a professional growth advisor (attached)
- Submit an unofficial copy of transcripts from the previous school year

Additional Processing and School Specific Information

To obtain a professional growth advisor prior to applying for this scholarship, applicants may contact the Child Development Training Consortium at www.childdevelopment.org or a site administrator.

Applicants receiving Assembly Bill (AB) 212 funds are not eligible for this scholarship. AB 212 Funds are coordinated in El Dorado County by the Local Planning Council allocating funds for individuals in the early childhood education programs. This is an incentive based program.

First 5 El Dorado Scholarships have been developed as part of the High 5 for Quality Initiative to encourage students pursuing a career in early childhood education or child development. Scholarship information can be obtained by contacting the Quality ECE Facilitator for the High 5 For Quality Initiative.



29. Have you previously participated in the El Dorado County CARES program? (Please circle one) Y N Year _____			
30. Have you received funds from a CARES program in another county? (Please circle one) Y N Year _____			
31. Child Development Permit <i>currently held</i> : (Attach Copy of Permit) Date of Issue: _____ Month _____ Date _____ Year		<input type="checkbox"/> Do not have a Permit <input type="checkbox"/> Assistant <input type="checkbox"/> Associate Teacher <input type="checkbox"/> Teacher	<input type="checkbox"/> Master Teacher <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Program Director
32. Child Development Permit you have <i>applied for</i> in the past year: (Attach Copy of Application) Date of Application: _____ Month _____ Date _____ Year		<input type="checkbox"/> Have not applied for a Permit <input type="checkbox"/> Assistant <input type="checkbox"/> Associate Teacher <input type="checkbox"/> Teacher	<input type="checkbox"/> Master Teacher <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Program Director
33. Total number of semester units completed: _____			
34. Number of ECE workshops, conferences, or trainings prior to this application: _____			
PART 2: Employment Information			
35. I provide early care and education services for pay at least 15 hours per week to children 0- 5 or work directly in a State Subsidized center-based program in El Dorado County. (Please check all that apply):			
<input type="checkbox"/> I own and operate my own family child care home <input type="checkbox"/> I am an employee at a family child care home <input type="checkbox"/> Administrative Director <input type="checkbox"/> Teacher Director <input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Center Director		Other: <input type="checkbox"/> I am a center based instructional assistant (without 6 ECE units). <input type="checkbox"/> I am a family child care assistant (without 6 ECE units). <input type="checkbox"/> I am a ROP student working with children <input type="checkbox"/> I am currently receiving CalWORKS	<input type="checkbox"/> I am a license-exempt provider <input type="checkbox"/> In a Facility administered by a Tribal Council <input type="checkbox"/> The center I work at is located on a military installation <input type="checkbox"/> The center I work at is a school site. <input type="checkbox"/> I provide care in the child's home <input type="checkbox"/> I care for children from at most one other family besides my own.
36. Name of Employer (Center or Family Child Care Home):		37. Site License Number:	
38. Address:		39. City:	40. State:
41. Zip Code:		42. School District for site location: (If you are unsure, please ask your Employer)	
43. Site PHONE:		44. Site FAX:	
45. Supervisor's Name:		46. Supervisor's Phone:	
47. Is the Site: <input type="checkbox"/> Private, for profit <input type="checkbox"/> Private, non – profit <input type="checkbox"/> Public (If you are unsure, please ask your Employer)		48. Is your Site open: <input type="checkbox"/> Late (After 6 pm) <input type="checkbox"/> Early (Before 7 am) <input type="checkbox"/> Midnight to 5 am <input type="checkbox"/> On weekends <input type="checkbox"/> Year – round Other _____	
49. How many months is your center open? _____		50. How many children do you work with in each of the following age groups? <u>Please provide a number.</u> _____ Birth to 23 mos. _____ 2 yrs. to 2 yrs. 11 mos. _____ 3 yrs. to 5 yrs. _____ K - 6	
51. How many children* with identified disabilities are in your care? _____ <small>*A child with special health care needs or a disability is a child who has special needs because well-being, development, and/or learning are compromised if special and expertly designed attention is not given to his or her early development. These children need environments that are specifically organized and adjusted to minimize the effects of their disabilities or health needs and to promote learning of a broad range of skills. They can have any number of specific conditions, including cerebral palsy, spina bifida, deafness or blindness, mental retardation, motor delays, language problems, emotional problems, autism, severe asthma, diabetes, and so on.</small>			
52. Start Date at Current Center: _____ month _____ year		53. Hours Worked per Week: _____	
54. Hourly wage: \$ _____		55. Annual Salary: \$ _____ <small>(Annual Salary, before taxes and not including benefits, received from child care position)</small>	
57. Do you currently care for children that receive child care subsidies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what agency do the subsidies come from? _____			
58. Do you receive benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Retirement <input type="checkbox"/> Child Care <input type="checkbox"/> Other _____			
59. I certify that all information provided is true and correct and understand that I must show progress on the Child Development Permit matrix and apply for a Child Development Permit.			
_____ Signature of Applicant		_____ Date	

