

# 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](http://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.





**High 5 For Quality Program, First 5 El Dorado Commission**  
 2776 Rav Lawver Drive. Placerville. CA 95667 530.622.8636

Please print in ink. You MUST complete all questions for your application to be considered. Include a copy of your child development permit or permit application (Questions 31 & 32). Return completed applications to the El Dorado County Chamber of Commerce, 42 Main Street, Placerville, CA 95667 office or Folsom Community College, El Dorado Center, 6699 Campus Drive, Placerville, CA 95667. (Applications will be accepted April 1st through September 1st, 2010)

<b>PART 1: Applicant Information</b>				
1. Last Name:	2. First Name:	3. MI:		
4. Social Security #:				
5. Date of Birth: ____ Month ____ Date ____ Year		6. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		
7. Highest Level of Education Completed: (Please check one)				
<input type="checkbox"/> No formal education		<input type="checkbox"/> Some College		<input type="checkbox"/> BA in ECE/CD
<input type="checkbox"/> 8 <sup>th</sup> grade or less		<input type="checkbox"/> Some Graduate School		<input type="checkbox"/> BA in non – ECE/CD
<input type="checkbox"/> Some High School		<input type="checkbox"/> AA in ECE/CD		<input type="checkbox"/> Graduate Degree in ECE/CD
<input type="checkbox"/> High School diploma or GED		<input type="checkbox"/> AA in non – ECE/CD		<input type="checkbox"/> Graduate Degree in non – ECE/CD
8. If you received a BA or higher, did you receive the degree in a foreign country? (Please circle one)    Y    N	9. If you are working towards an AA degree, what is your major?  _____		10. If you are working towards a BA degree, what is your major?  _____	
If yes, from what country?  _____	(Please attach a copy of transcripts with major)		(Please attach a copy of transcripts with major)	
11. Do you have a Teaching Credential? (Please circle one)    Y    N    If yes, from what country? _____				
If you have a California Teaching Credential, what type(s)? (Check all that apply).				
<input type="checkbox"/> Single Subject		<input type="checkbox"/> Reading Specialist		<input type="checkbox"/> Library Media Services
<input type="checkbox"/> Multiple Subject		<input type="checkbox"/> Administrative		<input type="checkbox"/> Other Health Services
<input type="checkbox"/> Education Specialist (Disabilities and Other Special Needs)		<input type="checkbox"/> Pupil Personnel Services		<input type="checkbox"/> Bilingual Specialist
<input type="checkbox"/> Early Childhood Special Education		<input type="checkbox"/> Clinical/Rehabilitative Services		<input type="checkbox"/> Reading Certificate
		<input type="checkbox"/> School Nurse Services		<input type="checkbox"/> Other
12. How many years have you provided child care in the each of these settings?				
_____ Center-based care		_____ Family child care		_____ License-exempt
13. Home Address:	14. Apt #:	15. City:	16. State:	17. Zip:
18. Mailing Address:	19. Apt #:	20. City:	21. State:	22. Zip:
23. Home Phone:	24. Other: (alternate number, cell phone):		25. E-mail:	
26. How do you identify your race/ethnicity? (You may choose up to 3 categories)	<input type="checkbox"/> American Indian / Alaska Native		<input type="checkbox"/> Hispanic / Latino	
	<input type="checkbox"/> Asian		<input type="checkbox"/> Pacific Islander	
	<input type="checkbox"/> Black / African American		<input type="checkbox"/> White / Caucasian	
			<input type="checkbox"/> Other _____	
27. What is your primary language spoken at home? (Please check more than one if you are multilingual)	<input type="checkbox"/> English		<input type="checkbox"/> Korean	
	<input type="checkbox"/> Spanish		<input type="checkbox"/> Mandarin	
	<input type="checkbox"/> Filipino / Tagalog		<input type="checkbox"/> Vietnamese	
	<input type="checkbox"/> French		<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Japanese			
28. Please select the type of program where you are currently employed: ( If you are unsure, please ask your Employer)	<input type="checkbox"/> State Preschool		<input type="checkbox"/> Public School	
	<input type="checkbox"/> Head Start/Early Head Start		<input type="checkbox"/> Military Base	
	<input type="checkbox"/> Private / Other Local Subsidy		<input type="checkbox"/> Family Child Care	
	<input type="checkbox"/> Private / Non - Subsidized		<input type="checkbox"/> Other _____	
	<input type="checkbox"/> CDE / General Child Care			

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: _____			
<b>PART 2: Employment Information</b>			
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. Site PHONE:	43. Site FAX:	44. School District for site location: (If you are unsure, please ask your Employer)	
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. <b>How many children* with identified disabilities are in your care?</b> _____ <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.			
_____		_____	
<b>Signature of Applicant</b>		<b>Date</b>	

**Employment Verification Form**

I certify that \_\_\_\_\_ is applying for the High 5 for Quality Scholarship  
(Applicant)  
and is working at least 15 hours per week, 9 months a year with children between the ages of 0-5 years in El Dorado County.

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Center Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number



State Of California  
 California Commission On Teacher Credentialing  
 P.O. Box 944270  
 1900 Capitol Avenue  
 Sacramento, CA 94244-2700

Telephone:  
 (916) 445-7254 or (888) 921-2682  
 E-mail: [credentials@ctc.ca.gov](mailto:credentials@ctc.ca.gov)  
 Web site: [www.ctc.ca.gov](http://www.ctc.ca.gov)

## PROFESSIONAL GROWTH PLAN AND RECORD

Please fill out this form **completely**. Before you begin, please read the Growth Plan and Record instructions in the *Professional Growth Manual*. Make enough copies of this form to include all of the goals, activities, and amendments that you plan and complete.

1. Name of Permit Holder: \_\_\_\_\_  
*Last* *First* *Middle*

2. Home Address: \_\_\_\_\_  
*City* *State* *Zip Code*

3. Daytime Telephone Number: \_\_\_\_\_

4. Social Security Number: \_\_\_\_\_

5. Name each credential/permit you hold:	Expiration Date:
_____	_____
_____	_____
_____	_____

6. Name each professional growth advisor who has advised you.

First Advisor: \_\_\_\_\_ Approximate Dates of Service: \_\_\_\_\_

Credential/Permit Held: \_\_\_\_\_ Credential/Permit Number: \_\_\_\_\_

Second Advisor: \_\_\_\_\_ Approximate Dates of Service: \_\_\_\_\_

Credential/Permit Held: \_\_\_\_\_ Credential/Permit Number: \_\_\_\_\_

Third Advisor: \_\_\_\_\_ Approximate Dates of Service: \_\_\_\_\_

Credential/Permit Held: \_\_\_\_\_ Credential/Permit Number: \_\_\_\_\_

### Professional Growth Plan

7. Goal Numbers	8. Professional Growth Goals	9. Date Approved	10. Advisor's Initials

*(continued)*

