



PO Box 573 | Broomfield, 80038 | www.broomfieldecc.org | 303-460-6810

Broomfield Early Childhood Council Professional Development Scholarship Program

CHECKLIST

THIS MUST BE SUBMITTED ALONG WITH ALL OTHER APPLICATION FORMS

This checklist is part of your final application. Check all boxes once completed to submit to BECC.

- Researched additional funding opportunities for financial aid (for example, FAFSA application, or Colorado Shines Quality Improvement funds)
- Received signed letter or recommendation from parent of a child in care (if home provider) or Center Director (if working in a child care center). **Page 8.**
- Completed thoroughly and to the best of my ability, the application
- Initialed and signed the bottom of Page 7 on the application**
- Have researched which course I would like to attend and included in the application
- I understand that I will have to reimburse the Council if I fail to follow through with the course or do not receive a passing grade.**
- I understand that this may be a partial scholarship.
- I understand that I must pay out of pocket or find different funds to cover the difference between scholarship and actual tuition.
- I understand that online courses have a greater tuition than in-seat courses.
- Included my PDIS professional development plan in the application
- Know how to contact BECC if I have any questions
- If any of these items are unchecked, I understand that my application is INCOMPLETE
- Submit the application on this date: _____

Name and signature (or e-signature) :

Printed name

Signature

Broomfield Early Childhood Council Scholarship Application

Only completed applications will be considered.
Completed applications include page seven (7), signed.
If something is not relevant, please mark N/A.

Personal Information:

Full Name:	# of years working in ECE:
Current Employer:	Job Title: director, teacher, aide, etc.
Home Address:	Work Address:
County of residence:	County of employment:
Phone: (Cell)	Work Phone:
Personal Email Address:	Work Email Address:
A working email address is REQUIRED as most communication is done via email.	

Higher Education Planning

Please enter the <u>course number and title</u> of the class for which you plan to register or have already registered for:					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">Course Number:</td> <td style="padding: 5px;">Course Title:</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	Course Number:	Course Title:			**Please note that BECC will provide a scholarship that may not cover the entire amount of tuition and books. Student will have to pay tuition and books for anything remaining after the scholarship.
Course Number:	Course Title:				
Please check how are you planning on taking this course (please note, any ECE class preference given for on-campus courses):					
<input type="checkbox"/> On-campus					
<input type="checkbox"/> On-line (ONLY FOR STUDENTS THAT HAVE COMPLETED MORE THAN 12 CREDIT HOURS – Must demonstrate a need to take online course if student has less than 12 credits)					

Personal stories and goals help to tell us more about what this opportunity means to you. Please let us know why you are applying for this scholarship. Use another sheet of paper if necessary.

Higher Education Additional Information

Please mark which course(s) you have **completed**, and include your final grade. Do not mark classes for which you are currently enrolled.

Semester Completed	Course #	Grade A, B, C, D, F	Semester Completed	Course #	Grade A, B, C, D, F	Semester Completed	Course #	Grade A, B, C, D, F	Semester Completed	Course #	Grade A, B, C, D, F
	ECE 101			ECE 155			ECE 205			ECE 238	
	ECE 102			ECE 157			ECE 209			ECE 240	
	ECE 103			ECE 160			ECE 220			ECE 241	
	ECE 108			ECE 161			ECE 225			ECE 260	
	ECE 111			ECE 179			ECE 226			ECE 266	
	ECE 112			ECE 180			ECE 228			ECE 279	
	ECE 126			ECE 188			ECE 236			ECE 280	
	ECE 127			ECE 195			ECE 237			HWE 141	
Have you completed EQIT?			Yes	No	Date of Completion:			County that provided training:			

Please indicate the reason you are, currently, seeking higher education by marking an X in the box to the left of your choice. Only 1 box should be marked.	
<input type="checkbox"/>	Infant Nursery Supervisor Certificate
<input type="checkbox"/>	Early Childhood Teacher Qualifications
<input type="checkbox"/>	Director Certificate
<input type="checkbox"/>	Early Childhood Education for Para educators Certificate
<input type="checkbox"/>	Associate Degree
<input type="checkbox"/>	Bachelor Degree

Please indicate the highest level of education you have completed , by marking an X in the box to the left of your choice, with your area of focus if applicable. Only 1 box should be marked.			
<input type="checkbox"/>	Some High School		
<input type="checkbox"/>	High School/ Earned GED		
<input type="checkbox"/>	Some College/ Trade school		
<input type="checkbox"/>	<table border="1"> <tr> <td>Associates Degree</td> <td>Area of Focus:</td> </tr> </table>	Associates Degree	Area of Focus:
Associates Degree	Area of Focus:		
<input type="checkbox"/>	<table border="1"> <tr> <td>Bachelor's Degree</td> <td>Area of Focus:</td> </tr> </table>	Bachelor's Degree	Area of Focus:
Bachelor's Degree	Area of Focus:		
<input type="checkbox"/>	<table border="1"> <tr> <td>Master's Degree</td> <td>Area of Focus:</td> </tr> </table>	Master's Degree	Area of Focus:
Master's Degree	Area of Focus:		

Will this course increase your credential level through Colorado Department of Education (CDE)?

Yes

No

My current credential level (as of this application date) is: _____

BECC Scholarship Recipient Responsibilities

Please initial the following regarding responsibilities of the BECC scholarship recipients.

After reading thoroughly, sign to indicate you understand and agree. The undersigned is a promise to follow these responsibilities to the best of your ability.

If I am awarded a BECC scholarship towards ECE coursework, I understand I must:

_____ Apply for Admission to a community college (if not already admitted). Application fee NOT covered by this scholarship.

_____ Authorize the Colorado Opportunity Fund for this semester (COF).

_____ Register for course(s) on my own.

_____ Confirm my registration via my student account or college records.

_____ Broomfield Early Childhood Council will complete payment for your course. DO NOT pay for class and expect to be reimbursed.

_____ **Prior to starting the course, confirm with BECC that the bill has been paid in order to ensure enrollment.**

_____ Be aware of the important dates and policies of the community college.

_____ **Confirm continued enrollment for the course after the payment deadline.**

_____ **If I drop the course after the drop with refund date, I understand that I reimbursement of the course to the BECC is required. Eligibility for future scholarships may be in jeopardy.**

_____ All course registration must be completed by date specified by BECC Director.

_____ I must maintain a C or better, and understand that if the grade is not maintained, repayment must of the scholarship must be made to BECC, and eligibility for future BECC scholarships may be in jeopardy.

_____ I understand that if I enroll in a course and the scholarship does not cover the full amount, I will cover the remaining cost.

_____ I have reviewed and completed the checklist for the BECC Scholarship application.

_____ I know the BECC's contact information and will call or email with any questions or concerns, especially if I am uncomfortable with any community college procedures or requirements.

Name_____

Signature_____

Date_____

**Please submit all required application documents to the BECC by date specified by
BECC Director before 5pm.**

**You may remit all documents to:
Broomfield Early Childhood Council
PO Box 573
Broomfield, CO 80038 or
Email to: jessica@broomfeldecc.org**

Please contact Jessica at 303-460-6810 or jessica@broomfeldecc.org with any questions.

Thank you for your interest in YOUR Professional Development!

LETTER OF RECOMMENDATION

For Professional Development Scholarship Opportunities

This letter of recommendation is for:		
I am writing this letter of a recommendation as (please mark one):		A parent of a child in the applicant's home child care
		Child Care Center Director
Name:		
Signature:		

Example questions to answer about the applicant:

Describe how you know the applicant. How long have you known the applicant? What are some things you have witnessed demonstrate that motivation and their dedication to early childhood education? What are some of their strengths? How do they demonstrate dependability? What do you feel are some of their biggest accomplishments? Why do you recommend this applicant to receive a scholarship for professional development in higher education?

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