



OREGON STATEWIDE SCHOLARSHIP PROGRAM

2020-21 Betty Gray Early Childhood Scholarship Application



STEP 1 + AND 20 HOURS OF EMPLOYMENT

Make Sure You're Eligible

- ✓ You must work directly with children or supervise staff who work directly with children at least **20 hours a week** in an Oregon Office of Child Care **licensed facility** (Registered Family, Certified Family, or Certified Center).
- ✓ You must be at an **Oregon Registry Step 1 or above**. Applicants for this Scholarship will receive an automatic evaluation for an Oregon Registry Step 1 or 2 if you do not already have one.

GOAL AND REGISTRY STEP

Apply Based on Your Goal and Oregon Registry Step

Please apply to help you achieve one of the following goals 1) move up on the Registry, 2) complete your associate degree in the field of childhood care and education, or 3) achieve an early childhood credential. Scholarship awards are based on Oregon Registry Step.

If you are at a **Step 1 through 8.5**, you may apply for:

- ✓ Conference registration fees (must be in Oregon and sponsored by OAELP, ORAEYC, Oregon ASK, or PRO). Conference activities sponsored by a state supported CCR&R in Spanish, Russian, Vietnamese, and Chinese may be covered. Please send us your scholarship application before the conference.
- ✓ Cohort training registration fees (must be approved by the Oregon Registry Trainer Program (ORTP) and offered by a state supported Child Care Resource & Referral (CCR&R) or any of the conference sponsors listed above).
- ✓ Oregon Community College tuition (up to 4 credits per term in the field of early childhood education). Please register for class and include proof of registration with your application. We must receive your application by:
 - Fall 2020: September 9 (PCC August 27)
 - Winter 2021: December 23 (PCC Dec. 10)
 - Spring 2021: March 17 (PCC March 4)
 - Summer 2021: June 9 (PCC May 27)Proof you are registered must be from an official college source (college online registration portal or the college registrar office) and include: student name, student ID number, college name, college term, course number, course credits.
- ✓ Oregon Community College Transcription (CDA or Registry Step 7 for community college credit). Please contact us before applying.
- ✓ CDA Credential initial application fee (up to \$425). Please write down your 7-digit Customer ID, credential type and language on your scholarship application.

If you're at a **Step 1 through 12**, you may apply for:

- ✓ Degree Translation/Evaluation (must be in the field of childhood care & education). Please contact us before applying.
- ✓ Oregon Registry Credential application fee (up to \$225). Please contact us before applying.
- ✓ Oregon Registry Credential Observation reimbursement (up to \$75). Please contact us before applying.

If you're at a **Step 9 through 12**, you may apply for:

- ✓ Advanced Cohort training registration fees (must meet the same requirements as Cohort training above). Please send us your scholarship application before the training.

Send your application to PSU-OCCD, Attn: Scholarship, PO Box 751, Portland, OR 97207 or occdsch@pdx.edu.

6 BUSINESS DAYS

Wait to Hear from Us with Further Instructions

We will contact you within 6 business days after we receive your application.



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1. Tell Us About Yourself

Last Name		First Name		Middle Name		Date of Birth (mm/dd/yyyy)	
Address (street address, apt no)		<input type="radio"/> Physical	<input type="radio"/> Mailing	City		State	ZIP
Phone Number			Email Address			<input type="radio"/> Do not email	
<input type="radio"/> Female	<input type="radio"/> American Indian or Alaska Native	<input type="radio"/> Asian	<input type="radio"/> Black or African American		Primary Language		
<input type="radio"/> Male	<input type="radio"/> Latino or Hispanic	<input type="radio"/> Native Hawaiian or other Pacific Islander		<input type="radio"/> English	<input type="radio"/> Spanish		
<input type="radio"/> Self-describe:	<input type="radio"/> White (not Latino or Hispanic)	<input type="radio"/> Self-describe:		<input type="radio"/> Russian	<input type="radio"/> Vietnamese		
				<input type="radio"/> Chinese	<input type="radio"/> Self-describe:		
How long have you worked in the field? Years: ____ Months: ____							
How long do you plan to continue working in the field? <input type="radio"/> Less than 1 year <input type="radio"/> 1 to 2 years <input type="radio"/> 3 to 5 years <input type="radio"/> More than 5 years							
Please select the goal this scholarship will help you achieve: <input type="radio"/> Move to Registry Step ____ <input type="radio"/> Complete a ____ degree or ____ credential.							
How will this scholarship help you achieve your goal(s)?							

2. Select One Activity

If you would like to apply for more activities, please complete another application.

- Conference** (must be in Oregon and sponsored by OAELP, ORAEYC, Oregon ASK, or PRO. Conference activities sponsored by a state supported CCR&R in Spanish, Russian, Vietnamese, and Chinese may be covered. Only available at Steps 1-8.5).
- Cohort training** (must be approved by the ORTP and offered by a state supported CCR&R or any of the conference sponsors listed above; available at Steps 1-12; Steps 9-12 are only eligible for Advanced Cohort training support).
- Oregon Community College** tuition/transcription (must include proof of registration; deadlines on page 1; only available at Steps 1-8.5).
- CDA Credential** (only available at Steps 1-8.5). 7-digit YourCouncil Customer ID _____, Credential type and language _____
- Degree Translation/Evaluation** (please contact us before applying; available at Steps 1-12).
- Oregon Registry Credential** (please contact us before applying; available at Steps 1-12).

3. Read and Sign

Applicant Statement: By signing below, I attest I work 20 or more hours per week with children younger than age 13 or supervise staff who work with children younger than 13, I need financial support for professional development, my employer has limited-to-no financial support for staff professional development costs, and all information provided on this application is true and accurate to the best of my knowledge. I understand Oregon Statewide Scholarship Program staff will review my employment record in the Oregon Registry Online and may contact my facility director to verify employment at 20 hours a week or more. I agree to follow the Oregon Statewide Scholarship Program Policies and to notify the Scholarship Program of any updates or changes to my information as they occur (e.g., name change). I understand the Scholarship Program is under no obligation to provide financial support; scholarships are awarded on a first come, first served basis as funding allows; and the Scholarship Program determines funding source for any scholarship awarded. I agree to provide the Scholarship Program documentation showing I completed any activity for which I am awarded scholarship support, or I will contact the Scholarship Program immediately if I do not use my award. I understand if I do not contact the Scholarship Program and the Program pays for an activity I did not complete, I will be held responsible for the amount paid on my behalf.

The Scholarship Program is an integrated part of the Oregon Registry. By submitting this application, I will be enrolled in the Oregon Registry if I am not already participating. The Oregon Registry is a system that manages training and education records for licensing requirements and personal professional development. Oregon Registry representatives will undertake all necessary precautions to ensure that only authorized personnel will be able to access confidential information. Confidential information will not be disclosed for any purposes other than described here and as authorized by law. By signing below, I consent to the disclosure of my individual contact and training/education information to authorized personnel with the Office of Child Care at the Oregon Early Learning Division, Oregon Center for Career Development, Department of Human Services, the Central Coordination of Child Care Resource and Referral at The Research Institute, and/or state-supported local child care resource and referral programs. If applying for a community based training scholarship, I consent to the disclosure of my application status with state-supported local child care resource and referral programs.

Applicant's Signature: _____ **Date Signed:** _____

OFFICE USE Complete Incomplete Enough hours in ORO to receive a Step 1 or 2
 Approved \$ _____ By _____ / / _____ Index _____ Denied