
SECTION C - EMPLOYMENT INFORMATION

1. Place of employment _____
 2. Address _____
 3. Position title: _____ Hours worked per week: _____
 4. Supervisor: _____ Telephone number: _____
 5. How long have you worked at place of employment? _____
 6. Please list any other child care related employment experience information? _____
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SECTION D - EDUCATION AND TRAINING

1. High School Information:

Highest grade completed: _____ Diploma? yes _____ no _____
 Date (month and year) _____

OR High School equivalency or GED:
 Date awarded _____ State awarded _____

2. College information:

Colleges Attended City and State	Major Field	Number of Credits	Degree Awarded	Dates Attended From To

3. List any other training. Include any child care training and any scholarship classes.

Name and Location of School	Type of Training	Length of program

4. Indicate the reason you require child care training certification:

- Update skills for a job currently held (to be eligible for a promotion and/or pay increase at your current job)
- Required preparation for immediate entry into child care employment
- Exploration of new career
- Other: _____

SECTION E

CDBG Self Certification Form

(Revised 05/24/07)

This program is made possible through the support of the Howard County Community Development Block Grant (CDBG) program. CDBG is a federally funded program through the U.S. Dept. of Housing and Urban Development (HUD), administered by Howard County, designed to serve low and moderate income individuals. To meet the program national objectives, we need to collect data which is reported to HUD through Howard County Government. Names are not provided beyond this organization, but the statistical data is required to ensure compliance with rules and regulations for the use of these funds. **IT IS ONLY THROUGH YOUR COOPERATION THAT WE CAN PROVIDE THESE PROGRAMS.**

Please provide the following information. (Name and address information is not forwarded to the Howard County Government. It is only used to count individuals served.)

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Please **circle household size** and place a check mark in the box to the right of family size that indicates your **total household income**. In answering this question, include income sources that you would report on your Federal income tax form.

Household Size	Total Household Annual Income (Effective 03/20/07)			
	<input type="checkbox"/> \$0 - \$15,950	<input type="checkbox"/> \$15,951 - \$26,550	<input type="checkbox"/> \$26,551 - \$41,300	<input type="checkbox"/> over \$41,300
1	<input type="checkbox"/> \$0 - \$18,200	<input type="checkbox"/> \$18,201 - \$30,300	<input type="checkbox"/> \$30,301 - \$47,200	<input type="checkbox"/> over \$47,200
2	<input type="checkbox"/> \$0 - \$20,500	<input type="checkbox"/> \$20,501 - \$34,100	<input type="checkbox"/> \$34,101 - \$53,100	<input type="checkbox"/> over \$53,100
3	<input type="checkbox"/> \$0 - \$22,750	<input type="checkbox"/> \$22,751 - \$37,900	<input type="checkbox"/> \$37,901 - \$59,000	<input type="checkbox"/> over \$59,000
4	<input type="checkbox"/> \$0 - \$24,550	<input type="checkbox"/> \$24,551 - \$40,950	<input type="checkbox"/> \$40,951 - \$63,700	<input type="checkbox"/> over \$63,700
5	<input type="checkbox"/> \$0 - \$26,400	<input type="checkbox"/> \$26,401 - \$43,950	<input type="checkbox"/> \$43,951 - \$68,450	<input type="checkbox"/> over \$68,450
6	<input type="checkbox"/> \$0 - \$28,200	<input type="checkbox"/> \$28,201 - \$47,000	<input type="checkbox"/> \$47,001 - \$73,150	<input type="checkbox"/> over \$73,150
7	<input type="checkbox"/> \$0 - \$30,050	<input type="checkbox"/> \$30,051 - \$50,050	<input type="checkbox"/> \$50,051 - \$77,900	<input type="checkbox"/> over \$77,900
8				
Total Persons				

Please indicate the ethnicity of the head of household

Hispanic or Latino _____

Non Hispanic or Non Latino _____

Please indicate the race of the head of household

American Indian or Alaska Native _____ Asian _____ Black or African American _____

Native Hawaiian or Other Pacific Islander _____ White _____

American Indian or Alaska Native and Black or African American _____

Asian and White _____ Black or African American and White _____

American Indian or Alaska Native and White _____

Multi-Race *not listed above (include multi-race)* _____

Is the Head of household Female? Y / N (Circle one)

I certify that the information provided is correct to the best of my knowledge. If necessary, I will provide the information required to verify this data (e.g. pay stubs, bank account statements, etc.)

Signature

Date

SECTION F – COURSE INSTRUCTION FORMAT

I would like to enroll in:

Non-Credit Classes – beginning September, 2008

- _____ Child Care Certification I: Growth & Development (half of 90 hours)
- _____ Child Care Certification II: Curriculum (half of 90-hour preschool certification)
- _____ School-Age Curriculum (half of 90-hour school age certification)
- _____ Child Care Administration (center director certification)
- _____ Infant/Toddler Care
- _____ Other (circle your choices): 9-hour Communication Skills, CDA Preparation, Family Child Care Pre-Service, Child Care Aide

Credit Classes -beginning late August, 2008

- _____ EDUC 111 Child Growth & Development
- _____ EDUC 112 Methods & Materials in Early Childhood Education
- _____ EDUC 113 Working with Infants and Toddlers
- _____ EDUC 160 School Age Child Care (offered spring semester only)

Credit Online Class

- _____ EDUC 111 Child Growth & Development

Credit Class beyond certification requirements (fill in class number and name)

_____ EDUC _____

Scholarship applicants for CREDIT classes must complete this section:

1. Have you been admitted to HCC as a credit student? YES: _____ NO: _____
2. If YES: Year of Admission: _____ HCC Student ID Number: _____
3. Are you a US citizen? YES: _____ NO: _____
4. If you are not a US citizen and have never been admitted to HCC, you will be required to schedule an appointment with the international student admissions advisor to present documentation verifying immigration/VISA status prior to scholarship approval for a credit class.

Please note: Notification of eligibility for and acceptance into the child care scholarship program does NOT ensure admission to the college or acceptance of course registration. Applicants must also meet all requirements of the college's admissions and registration policies, and students must be eligible for in-county rates according to college's resident status policies.

SECTION G – APPLICATION RETURN PROCESS

Mail completed application by **July 14, 2008** to:

Howard Community College Child Care Scholarship Program (HCCCCSP)
HCC Division of Continuing Education & Workforce Development
Hickory Ridge Building
10650 Hickory Ridge Road
Columbia, MD 21044-3197

Walk-in completed applications by **July 14, 2008** to: Hickory Ridge, Room HR100

Fax completed applications by **July 14, 2008** to: 410-772-4986

For assistance completing this form, contact Kristin Navarro at (410) 772-4049.