SEEK SCHOLARSHIP APPLICATION

PERSONAL INFORMATION - PLEASE PRINT

ALL AREAS MUST BE COMPLETED. Please note: *Student information will not be disclosed to third parties, unless required to do so by state or federal law*

Today's Date:	Registry ID #:	SS #*:	PBCC ID #:
Full Name: (Last, First, MI)			Date of Birth:
Home Address:		Apt:	Gender: ☐ Female ☐ Male
City:		Zip:	County:
Home Phone #:	Other Phone #:	Personal Email:	

EMPLOYMENT INFORMATION - PLEASE PRINT

Place of Employment:			Work Phone #:
Address:			
City:	State:	Zip:	County:

Is this a change of employment since last applying for SEEK? ☐Yes ☐ No If **yes**, the following information is **required**:

Employment Start Date:	Is this program a QIS Site?: ☐Yes ☐ No

Primary Position/Title:

☐ Director ☐ Assistant Director ☐ Ed/Curr Specialist ☐ Lead Teacher ☐ Assoc Teacher ☐ Floater ☐ FCCH Provider ☐ FCCH Sub ☐ Non-Instructional

INTERNAL USE ONLY: Registry Member ☐ Yes ☐ No ☐ Forward to Registry _____ ☐ Registry record ☐ PBCC transcript

SCHOLARSHIP INFORMATION

Select the type of scholarship for which you are applying. Registration information must be submitted with this application.

☐ PBCC Early Childhood Credit Course(s)	☐ GED Test Reimbursement – Submit official transcript
☐ PBCC Early Childhood Noncredit Course(s)	☐ ECPC (@ PBCC) – Must have proof of standard High School or GED diploma **AND** successful completion of 45 hour child care certification (must include 10 hour in Preschool Appropriate Practices).
☐ PBCC Testing Center	
☐ Workshop/Conference (up to $350) – Must be PBC Early Childhood Registry approved and submitted 4 weeks prior to event date.	☐ ECPC/FCCPC/Nat'l CDA Renewal – Submit copy of Renewal Form
	☐ National CDA Assessment (preapproved reimbursement)
_____ Name of the Workshop or Conference	☐ Other (internal use only)

Participation Agreement - In the event I am awarded a SEEK scholarship, I understand I must:

- Be an active member of the Palm Beach County Early Childhood Registry.
- Work directly with children birth to age 5 (not school age), to include the director, assistant director and ed/curriculum specialist, & floater/substitute.
- Notify PBC Early Childhood Registry of changes in my work status. I understand failure to report any changes could result in delay and/or denial of future scholarships and/or repayment of funds.
- Successfully complete any workshop or conference and/or achieve a grade of A, B, C, S or P for coursework.
- Use all other funding sources for which I am eligible before receiving funds from the SEEK Scholarship.
- Provide my social security number granting permission to access my Department of Children and Families, PBCC, and PBC EC Registry records for purposes of verifying documentation and issuing payment for awards and scholarships to me, on my behalf.
- Complete a W-9 Form if receiving reimbursement
- Be responsible for any portion of training costs not covered by SEEK scholarship for training attended.

*I can elect not to supply my social security number and realize that award payments cannot be issued.

_____ **I do not wish to provide my social security number and realize I will not receive award payments.**

Any individual, organization, or agency that knowingly accepts SEEK Scholarship funding under false pretenses will no longer be eligible for future SEEK Scholarship funds. If fraud is substantiated, the individual, organization, or agency will be requested to repay the amount of funds accepted under false pretenses.

I attest that the information on this application is accurate to the best of my knowledge.

_____ _____ _____/_____/_____

Print Applicant Name Signature Date

I attest that the above applicant is currently employed by the program indicated.

_____ _____ _____/_____/_____

Print Authorized Supervisor/Director/Owner Name Signature Date

Return completed application and copy of required documentation to:

PBCC Institute Of Excellence in Early Care and Education ♦ 812 Fern Street ♦ West Palm Beach ♦ FL ♦ 33401 OR

Fax: 561-868-7042 ϕ Attn: Career Advisor ϕ **Please call to confirm receipt of your facsimile** ϕ 561-868-3662

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