

# S P SEATTLE PRESCHOOL PROGRAM

### SPP SCHOLARS TUITION SUPPORT APPLICATION

The goal of the Seattle Preschool Program (SPP) Scholars Tuition Support program ("SPP Scholars Program") is to provide eligible SPP staff with the financial resources they need to meet or exceed SPP's education standards.

Staff working in SPP classrooms who meet SPP education eligibility requirements and want to apply for tuition support funding must complete and submit this application to the Seattle Department of Education and Early Learning (DEEL). Please refer to the SPP education requirements document for more information on eligibility and the SPP Tuition support policy for information on the funding process.

#### APPLICATION DEADLINES

Applications are accepted year around, are reviewed, and awarded quarterly. Funding is contingent on availability. Continued support will be contingent upon the awarded SPP Scholar's making successful progress in their chosen degree program.

- Fall Quarter 5:00 pm, Friday August 12, 2016
- Winter Quarter 5:00 pm, Friday December 30, 2016
- Spring Quarter 5:00 pm, Friday March 17, 2017
- Summer Quarter 5:00 pm, Friday May 19, 2017

#### COMPLETING THE APPLICATION

Please answer each guestion and submit this application with supporting documentation listed below by email to suzette.espinozacruz@seattle.gov, or mail hard copies to:

> City of Seattle Department of Education and Early Learning Attn: Suzette Espinoza-Cruz PO Box 94665 Seattle, WA 98124-6965

#### REQUIRED SUPPORTING DOCUMENTS

- Professional development plan approved by your supervisor and DEEL coach\*.
- Evidence of existing MERIT-verified degrees and coursework (a print out of the MERIT Education Application and Verification page).
- Copy of the confirmation notice of approval or notice of denial emailed by Child Care Aware (CCA) of Washington for Early Achievers Bachelors Completion Degree scholarship or the CCA General Scholarship.

Other documentation if available - Course schedules, proof of matriculation from your college advisor (may use attached form), tuition receipts, and other itemized receipts for any expenses you may have already paid for such as books, parking passes, course related materials, and technology fees.\* May submit a PD plan from the EA coach or DEEL Education Specialist if DEEL coach is not yet been assigned.

Incomplete applications and those missing required supporting documents will be returned to the applicant for completion

# **ELIGIBILITY**

Please check the box that describes you: (See attached SPP Education Requirements Policy or consult your SPP Education Specialist if you are not clear about your SPP Education eligibility)	ation
☐ I work in an SPP classroom and currently MEET the SPP education standards for my job title.*	
☐ I work in an SPP classroom and currently EXCEED the SPP education standards for my job title.*	



support	•	holars P	rogram. However, pl			•	ive priority access to t as you may be eligible	
□ I wor	k in an SPP classroc	m and c	urrently DO NOT ME	ET the SPP	education standard	ds for my	current job title, and:	
	☐ I plan to pursue	an Assoc	ciate's Degree in Earl	y Childhood	Education (for Assi	istant Tea	achers)	
	☐ I plan to pursue	a Bachel	or's Degree in Early (	Childhood E	ducation (for Lead <sup>-</sup>	Teachers)	)	
			nt degree pathway o Directors and Progra			d Educatio	on, Educational Leade	ership or
☐ I curr	ently MEET the SPF	educat	ion requirements for	my job title	, and:			
	☐ I plan to pursue	a Bachel	or's Degree in Early (	Childhood E	ducation (for Assist	ant Teach	ners)	
		on, P-3 E	arly Childhood Educa				vith endorsement in E cation (for Lead Teacl	
			nt degree pathway o Directors and Progra			d Educatio	on, Educational Leade	ership or
APPLIC	CANT INFORMA	TION						
Date:				STARS	MERIT Provider#:_			
First Nar	me:			Last N	ame:			
Primary	Phone:			Work F	Phone:			
				Work E	Email:			
Mailing A	Address:							
City:			State:	_ Zip code: _	County	y:		
You will	receive program ir	nformati	ion and documents	by email.				
Do you h	nave access to a con	nputer?	□ Yes □ No					
Are you	comfortable using e	mail and	d the internet? $\Box$ Ye	s 🗆 No				
(Optional Race:	al) Race / Ethnicity:	Please le	et us know how you i	dentified yo	ourself in MERIT:			
	Asian/Asian American		Hawaii Native /Othe Pacific Islander/	er 🗆	White/European American	Ethnicit	zy: Hispanic/Latino(a)	
	Black/African American		Native American/ Alaska Native		Other		Not Hispanic/Latino(a)	
Primary	Language(s):							
Seconda	ary Language(s):							
Are you	a Washington State	residen	t? (Have you lived in	Washingtor	n State for 12 conse	cutive mo	onths?)	
☐ YES	□ NO							
resident		esident c	of Washington State			•	ally if the SPP Scholar ith your college to ver	



LIMITEO TIMENT INTOKMATION						
Agency / Site Name (example: ABC Ager	ncy @ XYZ Element	ary School):				
Start date of employment at current chil Current job title:	d care facility: (mon	th / year):				
☐ Lead Teacher ☐ Assistant Teache	r □ Director □	Program Supervisor				
EDUCATION INFORMATION						
Which college are you currently attending	g, or do you plan to	attend? (If known)				
During which academic year will you er	roll? (select one)	Which quarter will you start? (select one)				
□2016-2017 □2018–2019	□2019–2020	□Fall □Winter □Spring □Summer				
Which Early Childhood Education (ECE) (Check a box below)	orogram are you cur	rently pursuing or interested in pursuing?				
☐ Associate's Degree in ECE		State Teaching Certificate in Elementary Education				
☐ Bachelor's Degree in ECE	☐ Endorsement in Early Childhood Special Education					
☐ Other:	☐ Endorsement in Early Childhood P-3 Education					
Are you currently receiving other scholar If so, please list	. •					
education grants or scholarships are app they select exceeds the SPP Scholars Pro	lied. SPP Scholars a ogram \$10,000 per y	the "payer of last resort" and provides tuition support after any other re not expected to take loans to cover costs unless the college program ear funding limit.				
APPLICANT SATEMENT AND SI						
accurate. I have included all of the inform Scholars Tuition Support from the Seatt	nation required to su	hat the information that I have provided on my application is true and ubmit this application. Based on this information, I am applying for SPP ucation and Early Learning (DEEL).				
Support Program Policy. I understand th state law and hereby give consent to DE	at my personal and EL to share informat ch firms contracted	naintain all eligibility requirements listed in DEEL's SPP Scholars Tuition education information will be handled in accordance with federal and cion on this application with DEEL staff, the administration of my with DEEL to evaluate SPP. I understand that the SPP Scholars Tuition iformation I provide on this application.				
Applicant's Signature						



## SUPPLEMENTAL AGREEMENT FORM FOR EARLY LERNING PROGRAM DIRECTORS

DEEL's SPP Scholars Tuition Support Program requires the participation of the SPP Scholar's employing agency. Upon receiving the award notification, the SPP Scholar will receive a contract agreement with full details of all tuition support requirements. This contract will also be sent to the Scholar's center director for approval and signature.

In the event that an employee is awarded tuition support, the employing agency agrees to participate in the following ways:

- 1. The agency will provide 2 hours of release time for each week that the SPP scholar is in class. (Release time is the time an employee takes off from normal work hours to attend classes, register, study, complete assigned projects, etc.). Agency will be compensated at a rate of \$15.00 per hour for each hour of release time not to exceed a maximum of \$360 per quarter.
- 2. The agency will provide lead and assistant teacher salaries equivalent to, or exceeding, the hourly rates specified in their SPP contract. If a staff member changes classification (e.g., from "does not meet" to "meets" SPP's educational standards) the agency may be entitled to an SPP contract payment increase to accommodate the staff salary requirement increase. Consult your SPP education specialist for more information about contract payment and salary details.

**Please note:** In the case that the center director is not authorized to make this decision, an authorized agency representative may complete this section.

Center Director / Authorized Agency Representative Signature	Date	
Director / Authorized Representative Printed Name:		
Contact Phone:		
Contact Email-		

By signing below, I attest that I understand and agree to requirements 1 and 2 above.

