



Georgia Department of Early Care and Learning

SCHOLARSHIPS & INCENTIVES

PROFESSIONAL DEVELOPMENT PROGRAM IN EARLY CARE AND EDUCATION

INCENTIVES Pre-Qualification and Application Form

“Bright from the Start: Georgia Department of Early Care and Learning is proud to support and encourage Georgia’s early care and education professionals through the **SCHOLARSHIPS & INCENTIVES** programs. These innovative programs help create a high quality, stable early care and education workforce that benefits families, contributes to the state’s economy, and helps prepare Georgia’s young children for success in school.”

Holly A. Robinson, Commissioner

INCENTIVES is a salary supplement program designed to encourage early care and education professionals to increase their level of education and to reward job stability. Research confirms that high levels of caregiver/teacher education and reduced teacher turnover have a positive impact on the quality of care provided to children. Eligible participants receive a maximum of two consecutive payments, the amount of which is based on the participant’s level of education.

To Qualify for **INCENTIVES**

- You must be a teacher, assistant teacher, director or assistant director (all other positions do not qualify) in a child care learning center or group day care home that is licensed by Bright from the Start: Georgia Department of Early Care and Learning or the Department of Defense (DOD) **OR** you must work in a registered family day care home.
- You must work with children, ages five or younger, at least 25 hours per week if you are a teacher or assistant teacher **OR** 40 hours per week if you are a director or assistant director.
- You must earn less than \$14.45 per hour.
- You must have been employed with your same employer for at least 12 consecutive months in a teaching or program administration position.
- Your work setting must be **ONE** of the following:
 - a. Accredited by the National Association for the Education of Young Children (NAEYC), the National Early Childhood Program Accreditation (NECPA) or the National Association for Family Child Care (NAFCC) **OR**
 - b. Currently designated by Bright from the Start: Georgia Department of Early Care and Learning as a Center of Distinction or Home of Distinction **OR**
 - c. A participant in the Child and Adult Care Food Program **OR**
 - d. Serving children of whom 25% or more receive Department of Family and Children Services (DFCS) subsidy
- You must have earned an early childhood education, child development or child care administration credential or degree. Child Development Associate (CDA), National Administrator Credential (NAC) and Certified Child Care Professional (CCP) credentials must be valid as of April 15 for the spring payment and as of October 15 for the fall payment.

INCENTIVES applications must be dated and postmarked between **February 15 and April 15** for the spring payment **OR** between **August 15 and October 15** for the fall payment. For additional information, contact the **SCHOLARSHIPS & INCENTIVES** office at 800-227-3410 or 770-642-6722.

APPLICANTS MUST COMPLETE THIS SECTION

Personal Information (please print):

Name: _____ County of Residence: _____
First-middle initial-last (as it appears on your social security card)

Home Address: _____ Apartment Number: _____
Street or post office box (Enter only one)

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____ Date of Birth: / /

Social Security Number: / / E-mail: _____

Gender:

- Female
- Male

Race:

- White
- Black / African-American
- Asian
- Native American / Alaskan Native
- Native Hawaiian / Pacific Islander
- Bi- / Multi-Racial
- Other: _____

Ethnicity: (any race)

- Hispanic / Latino
- Not Hispanic / Latino

Note: You will receive an IRS Form 1099 as required and must report INCENTIVES income on your tax return.

EMPLOYER MUST COMPLETE THIS SECTION

Name of center or family/group day care home: _____
Enter name as it appears on license/registration

Work Address: _____ County: _____
Enter actual location as it appears on license/registration

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Facility type (check one):

- Child Care Learning Center
- Group Day Care Home
- Family Day Care Home

Home or center is licensed by (check one):

- Bright from the Start (BFTS)
- Department of Defense (DOD)

Family Day Care Homes Only

Date you opened your family day care home: / /

Number of hours your family day care home is in operation each week: _____

Number of children currently enrolled in your family day care home: _____

Ages of children currently enrolled (circle all that apply):
Birth – 1 1 2 3 4 5

Your Net Income from previous year's IRS Schedule C tax form: \$ _____

Child and Adult Care Food Program (CACFP)?
 Yes No

Serve DFCS subsidized children?
 Yes No

Child Care Learning Centers and Group Day Care Homes Only

Applicant's Job Title (mark all that apply):

- Asst. Teacher Asst. Director Owner
- Teacher Director (other positions do not qualify)

Is the applicant a Georgia lottery funded Pre-K teacher? Yes No

Is the applicant a Head Start or Early Head Start teacher? Yes No

Number of hours applicant works each week: _____

Number of months per year applicant works (circle one): 9 10 12

Number of months per year applicant is paid (circle one): 9 10 12

Applicant's current hourly wage \$ _____

Applicant is paid: Weekly Bi-Weekly Bi-Monthly Monthly (circle one)

Applicant's date of hire / / (use original hire date if employment has been continuous with present employer, but at different locations)

If applicant is in the classroom, # of children in applicant's classroom: _____

If applicant is in the classroom, ages of children in class (circle all that apply):

Birth – 1 1 2 3 4 5

As **Owner, Director or Human Resources Manager**, I verify that the above employment information for this applicant is true and accurate. I understand and agree that receipt of **INCENTIVES** monies by the applicant will not affect any salary adjustments the applicant may be eligible to receive through our program.

Name (print): _____ Title (print): _____

Signature: _____ Date: _____

APPLICANTS MUST COMPLETE THIS SECTION

To qualify for **INCENTIVES**, your credential or degree must be in **Early Childhood Education, Child Development or Child Care Administration**.

INCENTIVES Award Levels (Two Consecutive Payments)

Level 1 – NAC, CCP, CDA or TCC Credential	= \$ 200	Level 3 – AAS, AAT, AS, AA	= \$ 750
Level 2 – Technical College Diploma (TCD)	= \$ 375	Level 4 – BA, BS, MA, M.Ed., MS	= \$1,000

*As of January 2009, eligible applicants may receive a **maximum** of two consecutive payments based on their level of education.

Indicate your **completed** education credential(s)/degree(s) below:

Levels 1 and 2 Completed Education Credential(s):

- | | |
|---|--|
| <input type="checkbox"/> National Administrator’s Credential (NAC) | Award Date <u> / / </u> Expiration Date <u> / / </u> |
| <input type="checkbox"/> Certified Child Care Professional Credential (CCP) | Award Date <u> / / </u> Expiration Date <u> / / </u> |
| <input type="checkbox"/> Child Development Associate Credential (CDA) issued
by the Council for Professional Recognition | Award Date <u> / / </u> Expiration Date <u> / / </u> |
| <input type="checkbox"/> Technical Certificate of Credit (TCC) | |
| <input type="checkbox"/> Technical College Diploma | |

Levels 3 and 4 Completed Education Degree(s) from SACS-accredited or other regionally accredited institution:

- AAS/AAT/AS/AA Early Childhood Ed./Child Development/Child Care Administration
- BA/BS Early Childhood Ed./Child Development/Child Care Administration
- MA/MS/M.Ed. Early Childhood Ed./Child Development/Child Care Administration

Where did you earn your credential(s) or degree(s)?

Credential/Degree Earned:	Institution	City, State	Year Earned
<input type="checkbox"/> Child Development Associate	_____	_____	_____
<input type="checkbox"/> Technical Certificate of Credit	_____	_____	_____
<input type="checkbox"/> Technical College Diploma	_____	_____	_____
<input type="checkbox"/> Associate Degree	_____	_____	_____
<input type="checkbox"/> Bachelor’s Degree	_____	_____	_____
<input type="checkbox"/> Master’s Degree	_____	_____	_____

Were any of the above credentials or degrees earned with **SCHOLARSHIPS** support? If so, please circle the credential or degree.

Have you registered with the Professional Development Registry? Yes No If yes, PDR Number _____

BONUS INCENTIVES FOR LEVELS 1 AND 2 ONLY

You are eligible for a \$50 bonus added to your INCENTIVES payment if you meet **ALL THREE** of the following requirements:

1. You hold any one of the credentials listed above under Levels 1 and 2 (NAC, CCP, CDA, TCC or technical college diploma only)
2. You are pursuing a technical college diploma or an associate degree in Early Childhood Education, Child Development or Child Care Administration at a SACS or other regionally accredited institution or any one of Georgia’s technical colleges.
3. You have successfully completed one semester or quarter within the six months prior to the INCENTIVES application period opening date of February 15 for the spring payment or August 15 for the fall payment.

Yes, I meet all requirements and am applying for the \$50 Bonus to be added to my INCENTIVES payment.

THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED WITH YOUR APPLICATION

	INCENTIVES
Child Care Learning Center/ Group Day Care Home Employee	<input type="checkbox"/> Copy of your valid (not expired) CDA, CCP, or NAC credential, Technical Certificate of Credit, Technical College Diploma OR an official transcript if you hold an Associate, Bachelor's or Master's Degree <input type="checkbox"/> Copy of two recent pay stubs reflecting the name of your employer, your name, and your gross (before deductions) wages <input type="checkbox"/> Military Base Centers only: Copy of license from Department of Defense
Family Day Care Home/Group Day Care Home	<input type="checkbox"/> Copy of your valid (not expired) CDA, CCP, or NAC credential, Technical Certificate of Credit, Technical College Diploma OR an official transcript if you hold an Associate, Bachelor's or Master's Degree <input type="checkbox"/> Copy of last year's Schedule C or other IRS form reflecting net profit <input type="checkbox"/> Copy of Bright from the Start: Georgia Department of Early Care and Learning license or registration letter
All INCENTIVES Bonus Applicants	<input type="checkbox"/> Copy of grades for the quarter(s) or semester(s) completed within the six months prior to the INCENTIVES application period opening date of February 15 for the spring payment or August 15 for the fall payment

STATEMENT OF AFFIRMATION: Read carefully before signing and dating. Unsigned applications will not be processed.

I _____ (*Applicant's Name*), attest that all of the information appearing on this application and supporting documentation is true to the best of my knowledge. I understand that any false or incomplete information knowingly provided on this application or supporting documents may be grounds to be denied participation in this program and may prevent me from future participation in the program. I understand that intentionally providing false information on this application or supporting documents is a violation of state law and may result in civil or criminal proceedings. I authorize any agent or employee of Bright from the Start: Georgia Department of EarlyCare and Learning to verify this information and release it to any necessary party for my consideration to participate in this program.

_____ *Applicant's signature*

_____ *Date*

Mail your completed application to:

SCHOLARSHIPS & INCENTIVES Program

c/o Care Solutions, Inc.
 5555 Glenridge Connector, Suite 150
 Atlanta, GA 30342

INCENTIVES is funded by Bright from the Start: Georgia Department of Early Care and Learning through the federal Child Care and Development Fund.

If you have any questions, call toll free 800-227-3410 or 770-642-6722.

www.caresolutions.com



SCHOLARSHIPS & INCENTIVES are managed by Care Solutions, Inc.