



PO Box 573 | Broomfield, 80038 | [www.broomfieldecc.org](http://www.broomfieldecc.org) | 303-460-6810

## Broomfield Early Childhood Council Professional Development Scholarship Program

### CHECKLIST

*THIS MUST BE SUBMITTED ALONG WITH ALL OTHER APPLICATION FORMS*

***This checklist is part of your final application. Check all boxes once completed to submit to BECC.***

- ☐ Researched additional funding opportunities for financial aid (for example, FAFSA application, or Colorado Shines Quality Improvement funds)
- ☐ Received signed letter or recommendation from parent of a child in care (if home provider) or Center Director (if working in a child care center). **Page 8.**
- ☐ Completed thoroughly and to the best of my ability, the application
- ☐ **Initialed and signed the bottom of Page 7 on the application**
- ☐ Have researched which course I would like to attend and included in the application
- ☐ **I understand that I will have to reimburse the Council if I fail to follow through with the course or do not receive a passing grade.**
- ☐ I understand that this may be a partial scholarship.
- ☐ I understand that I must pay out of pocket or find different funds to cover the difference between scholarship and actual tuition.
- ☐ I understand that online courses have a greater tuition than in-seat courses.
- ☐ Included my PDIS professional development plan in the application
- ☐ Know how to contact BECC if I have any questions
- ☐ If any of these items are unchecked, I understand that my application is INCOMPLETE
- ☐ Submit the application on this date: \_\_\_\_\_

Name and signature (or e-signature) :

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

## Broomfield Early Childhood Council Scholarship Application

**Only completed applications will be considered.**  
**Completed applications include page seven (7), signed.**  
**If something is not relevant, please mark N/A.**

### Personal Information:

Full Name:		# of years working in ECE:
Current Employer:	Job Title: director, teacher, aide, etc.	
Home Address:	Work Address:	
County of residence:	County of employment:	
Phone: (Cell)	Work Phone:	
Personal Email Address:	Work Email Address:	
<b>A working email address is REQUIRED as most communication is done via email.</b>		

### Higher Education Planning

Please enter the <u>course number and title</u> of the class for which you plan to register or have already registered for:		<b>**Please note that BECC will provide a scholarship that may not cover the entire amount of tuition and books. Student will have to pay tuition and books for anything remaining after the scholarship.</b>
Course Number:	Course Title:	
Please check how are you planning on taking this course (please note, any ECE class preference given for on-campus courses):		
<input type="checkbox"/>	On-campus	
<input type="checkbox"/>	On-line (ONLY FOR STUDENTS THAT HAVE COMPLETED MORE THAN 12 CREDIT HOURS – Must demonstrate a need to take online course if student has less than 12 credits)	

Personal stories and goals help to tell us more about what this opportunity means to you. Please let us know why you are applying for this scholarship. Use another sheet of paper if necessary.

### **Higher Education Additional Information**

Please mark which course(s) you have **completed**, and include your final grade. Do not mark classes for which you are currently enrolled.

Semester Completed	Course #	Grade A, B, C, D, F		Semester Completed	Course #	Grade A, B, C, D, F		Semester Completed	Course #	Grade A, B, C, D, F		Semester Completed	Course #	Grade A, B, C, D, F
	ECE 101				ECE 155				ECE 205				ECE 238	
	ECE 102				ECE 157				ECE 209				ECE 240	
	ECE 103				ECE 160				ECE 220				ECE 241	
	ECE 108				ECE 161				ECE 225				ECE 260	
	ECE 111				ECE 179				ECE 226				ECE 266	
	ECE 112				ECE 180				ECE 228				ECE 279	
	ECE 126				ECE 188				ECE 236				ECE 280	
	ECE 127				ECE 195				ECE 237				HWE 141	
Have you completed EQIT?		Yes	No	Date of Completion:			County that provided training:							

Please indicate the reason you are, currently, seeking higher education by marking an X in the box to the left of your choice. <b>Only 1 box should be marked.</b>	
<input type="checkbox"/>	Infant Nursery Supervisor Certificate
<input type="checkbox"/>	Early Childhood Teacher Qualifications
<input type="checkbox"/>	Director Certificate
<input type="checkbox"/>	Early Childhood Education for Para educators Certificate
<input type="checkbox"/>	Associate Degree
<input type="checkbox"/>	Bachelor Degree

Please indicate the <b>highest level of education you have completed</b> , by marking an X in the box to the left of your choice, with your area of focus if applicable. <b>Only 1 box should be marked.</b>			
<input type="checkbox"/>	Some High School		
<input type="checkbox"/>	High School/ Earned GED		
<input type="checkbox"/>	Some College/ Trade school		
<input type="checkbox"/>	<table border="1"> <tr> <td>Associates Degree</td> <td>Area of Focus:</td> </tr> </table>	Associates Degree	Area of Focus:
Associates Degree	Area of Focus:		
<input type="checkbox"/>	<table border="1"> <tr> <td>Bachelor's Degree</td> <td>Area of Focus:</td> </tr> </table>	Bachelor's Degree	Area of Focus:
Bachelor's Degree	Area of Focus:		
<input type="checkbox"/>	<table border="1"> <tr> <td>Master's Degree</td> <td>Area of Focus:</td> </tr> </table>	Master's Degree	Area of Focus:
Master's Degree	Area of Focus:		

Will this course increase your credential level through Colorado Department of Education (CDE)?

☐

Yes

☐

No

My current credential level (as of this application date) is: \_\_\_\_\_

### **BECC Scholarship Recipient Responsibilities**

Please initial the following regarding responsibilities of the BECC scholarship recipients.

After reading thoroughly, sign to indicate you understand and agree. The undersigned is a promise to follow these responsibilities to the best of your ability.

If I am awarded a BECC scholarship towards ECE coursework, I understand I must:

\_\_\_\_\_ Apply for Admission to a community college (if not already admitted). Application fee NOT covered by this scholarship.

\_\_\_\_\_ Authorize the Colorado Opportunity Fund for this semester (COF).

\_\_\_\_\_ Register for course(s) on my own.

\_\_\_\_\_ Confirm my registration via my student account or college records.

\_\_\_\_\_ Broomfield Early Childhood Council will complete payment for your course. DO NOT pay for class and expect to be reimbursed.

\_\_\_\_\_ Prior to starting the course, confirm with BECC that the bill has been paid in order to ensure enrollment.

\_\_\_\_\_ Be aware of the important dates and policies of the community college.

\_\_\_\_\_ Confirm continued enrollment for the course after the payment deadline.

\_\_\_\_\_ If I drop the course after the drop with refund date, I understand that I reimbursement of the course to the BECC is required. Eligibility for future scholarships may be in jeopardy.

\_\_\_\_\_ All course registration must be completed by January 9, 2019.

\_\_\_\_\_ I must maintain a C or better, and understand that if the grade is not maintained, repayment must of the scholarship must be made to BECC, and eligibility for future BECC scholarships may be in jeopardy.

\_\_\_\_\_ I understand that if I enroll in a course and the scholarship does not cover the full amount, I will cover the remaining cost.

\_\_\_\_\_ I have reviewed and completed the checklist for the BECC Scholarship application.

\_\_\_\_\_ I know the BECC's contact information and will call or email with any questions or concerns, especially if I am uncomfortable with any community college procedures or requirements.

Name\_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_

**Please submit all required application documents to the BECC by December 21, 2018 at  
5pm to:**

**Broomfield Early Childhood Council**

**PO Box 573**

**Broomfield, CO 80038 or**

**Email to: [jessica@broomfeldecc.org](mailto:jessica@broomfeldecc.org)**

Please contact Jessica at 303-460-6810 or [jessica@broomfeldecc.org](mailto:jessica@broomfeldecc.org) with any questions.

Thank you for your interest in YOUR Professional Development!

# LETTER OF RECOMMENDATION

*For Professional Development Scholarship Opportunities*

This letter of recommendation is for:		
I am writing this letter of a recommendation as (please mark one):	<input type="checkbox"/>	A parent of a child in the applicant's home child care
	<input type="checkbox"/>	Child Care Center Director
Name:		
Signature:		

*Example questions to answer about the applicant:*

Describe how you know the applicant. How long have you known the applicant? What are some things you have witnessed demonstrate that motivation and their dedication to early childhood education? What are some of their strengths? How do they demonstrate dependability? What do you feel are some of their biggest accomplishments? Why do you recommend this applicant to receive a scholarship for professional development in higher education?

--