



# Early Childhood Ancillary Certificate Program Scholarship

\*\*\*Please print all information clearly, preferably in blue ink:

## Section I – Applicant Section (to be completed by scholarship applicant)

Name \_\_\_\_\_

Social Security # XXX - XX - \_\_\_\_\_

Date of Birth      /      /     

**For Ancillary Program use only:**

Name of program Volunteers of America Greater Baton Rouge

Mailing Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_ Parish \_\_\_\_\_

Phone # Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Is this your first time applying for a Louisiana Pathways scholarship (of any kind)? **Yes or No**

### Education Information:

What is the last school you attended?

Institution: \_\_\_\_\_  
Name of School City State

What is your highest level of education?

- GED       High School Diploma       A.A.       A.S.       B.A.       B.S.
- M.A.       M.S.       Ph.D.       Other: \_\_\_\_\_

If you have earned a college degree, what was your major? \_\_\_\_\_

Have you completed any early childhood college courses? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

*The information on this application is accurate to the best of my knowledge. I give consent for the program I have chosen to share my personally identifiable information including but not limited to my schedule, fees, and my grades with Pathways Scholarship staff in order to determine eligibility for scholarships.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Section II – Employer Section (to be completed by employer, applicant cannot verify their own employment)**

**Current Employment Verification:**

Name of Employee: \_\_\_\_\_

Center Name: \_\_\_\_\_

License # \_\_\_\_\_ License Type: I, II, III (please circle)

Physical Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Type of Early Learning Program:**

- Family Child Care Home
- Early Learning Center
- Early Head Start
- Head Start
- Other (explain): \_\_\_\_\_

**Start date of employment:** \_\_\_\_\_

Enter the number of **current hours per week** spent in each job area(s) (not to exceed 40 hours):

\_\_\_\_\_ Director      \_\_\_\_\_ Assistant Director

\_\_\_\_\_ Lead Teacher      \_\_\_\_\_ Assistant Teacher

\_\_\_\_\_ Other \_\_\_\_\_

***I certify that the above information is true and correct, and I recommend and support this applicant's desire to attend their chosen Early Childhood Ancillary Certificate Program.***

\_\_\_\_\_  
Print Employer/Director's Name

Contact phone \_\_\_\_\_

Email address \_\_\_\_\_

\_\_\_\_\_  
Employer/Director's Signature

\_\_\_\_\_  
Date

**Once completed, give this form to the Early Childhood Ancillary Teaching Certificate Program representative. They will forward your information to Louisiana Pathways along with your proof of registration, schedule, and tuition information.**