



ELC College Scholarship Application

I am interested in: (please check only one)

- Staff Credential (FCCPC) Director Credential Associate's Degree in Early Childhood Education (AA, AS, AAS)

For which semester will this scholarship be applied?

- Fall 20__ Spring 20__ Summer 20__

Personal Background

Legal Name: _____ female male
First Initial Last

Address: _____ Apt. # _____

City/State: _____ Zip : _____

Phone: (h) () _____ (c) () _____

Student ID number: G00 _____ Birth date: _____

Email: _____

Are you a resident of the state of Florida? yes no

Ethnicity: (optional)

- Asian Black Hispanic Pacific Islander White Other

Educational Background

Do you have a High School Diploma? yes no GED? yes no

Have you attended a Technical School/Community College/University? yes no

Learning Institute Name	dates attended	Major/s	Credit Hours Earned	Type of Degree Earned

Have you applied for any other scholarships through the Financial Aid office at the State College of Florida? yes no

If yes, which have you applied for? Pell Grant T.E.A.C.H. Other _____

Do you have your FCCPC or Director's Credential? yes no

If yes, how was it paid for? Pell Grant T.E.A.C.H. ELC
 Self Other _____

Employment Information

Name of Site: _____

P.O. Box / Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone # () _____ Fax # () _____

Director's Name: _____

Does your site offer the School Readiness program to Manatee County Children?

yes no

Total number of direct instructional staff at site:
(teacher, assistant teacher, or director) _____

How many hours a week do you work directly with students as a teacher, assistant teacher,
or director? less than 20 more than 20

What is your job title? _____

What was your date of hire? _____

Director's Signature: _____ date: _____

VERY IMPORTANT - READ AND SIGN BELOW

I _____, understand that my applying for the ELC College Scholarship does in no way guarantee that I will receive scholarship funds. I also understand that if my employment status changes, and I am not working the minimum of 20 hours per week at my site, I will no longer be eligible to remain on the ELC College Scholarship beyond the current semester. I understand that any other scholarship or financial aid funds will be applied towards my tuition before this scholarship will be applied. If my application is incomplete or incorrectly filled out, it will be returned to me and will need to be resubmitted. I understand that I will need to reapply for this program before the beginning of each semester. I affirm that the information submitted on this application form is both true and accurate. I understand that the ELC College Scholarship does not cover the cost of out-of-state tuition.

signature of applicant

date

For ELC use only

of SR students currently enrolled _____

date _____

of employees currently rec. ELCCS _____



Early Learning Coalition of Manatee County
3526 9th Street West - Suite 200
Bradenton, FL 34205
(941) 757-2900 Phone (941) 757-2917 Fax