MARYLAND STATE DEPARTMENT OF EDUCATION

DIVISION OF EARLY CHILDHOOD • OFFICE OF CHILD CARE

Email: credentialocc.msde@maryland.gov

CHILD CARE CAREER AND PROFESSIONAL DEVELOPMENT FUND

INSTRUCTIONS: Complete this application form and mail it with <u>all</u> documentation to the Office of Child Care (OCC) at the above address. **Complete** <u>all</u> information in the spaces provided. All applications must be accompanied by required documentation. Incomplete applications will not be processed.

Social Security #: Date of Birth (mo/day/yr): Mailing Address: Number	Applicant's Name:(Please print or type) Last	First	Mido	 lle	Maiden	
Mailing Address: Number Street Apt.# (if applicable) City State Zip Cool						
Number Street Apt. # (if applicable) City State Zip Cor	Mailing Address:					
E-mail:	Number St	reet	Apt. # (if applicable)	City	State	Zip Code
I am a Family Child Care Provider, registration #:	Daytime Phone #:		Alternate Phone	e #:		
□ I am a Family Child Care Provider, registration #:	E-mail:					
□ I work in a Child Care Center: Position:	I am a: (Check the appropriate box.)					
Address	$\hfill \square$ I am a Family Child Care Provider,	registration #:		(attach copy	of current regis	tration)
Name of CCCPDF Participating College: Type of Degree: Associate Bachelor Enrollment: Month Year Projected graduation: Month Year APPLICATION TYPE: REQUIRED DOCUMENTATION: Employment in child care – at least one year of child care experience AND work at least 10 hours per week. Maryland Child Care Credential at Level Two or higher. College enrollment toward a degree in early childhood education or related field STATEMENTS AND ASSURANCES: Initial each item to indicate that you understand and agree with each statement. I affirm that all information on this application and all attached documentation is true and correct. I understand that if I am awarded funding through this program, I am required to: Successfully complete each college course work and the degree, continue employment in the child care field at least 10 hours per week what on the requirements pursuant to COMAR 13A.14.09. I have attached all required information.	$\hfill \square$ I work in a Child Care Center: Posi	tion:			Age Group(s):_	
Name of CCCPDF Participating College: Type of Degree: Associate Bachelor Enrollment: Month Year Projected graduation: Month Year APPLICATION TYPE: REQUIRED DOCUMENTATION: Employment in child care – at least one year of child care experience AND work at least 10 hours per week. Maryland Child Care Credential at Level Two or higher. College enrollment toward a degree in early childhood education or related field STATEMENTS AND ASSURANCES: Initial each item to indicate that you understand and agree with each statement. I affirm that all information on this application and all attached documentation is true and correct. I understand that if I am awarded funding through this program, I am required to: Successfully complete each college course work and the degree, continue employment in the child care field at least 10 hours per week what on the requirements pursuant to COMAR 13A.14.09. I have attached all required information.	Center Name, License #:					
Number Street City State Zip Code Name of CCCPDF Participating College: Type of Degree: Associate Bachelor Course of Study/Major: Enrollment: Month Year Projected graduation: Month Year APPLICATION TYPE: NEW CONTINUATION TRANSFER TO 4-YEAR COLLEGE REQUIREMENTS Employment in child care – at least one year of child care experience AND work at least 10 hours per week. Maryland Child Care Credential at Level Two or higher. College enrollment toward a degree in early childhood education or related field - Copy of Current Maryland Child Care Credential cartificate. - Copy of Current Maryland Child Care Credential cartificate. - Copy of Current Maryland Child Care Credential cartificate. - Copy of Current Maryland Child Care Credential certificate. - Copy of Current Maryland Child Care Credential certificate. - Copy of Current Maryland Child Care Credential certificate. - Copy of Current Maryland Child Care Credential certificate. - College enrollment toward a degree in early childhood education or related field - Copy of Current Maryland Child Care Credential certificate. - Copy of Current Maryland Child Care Credential certificate. - Copy of Current Maryland Child Care Credential certificate. - Copy of Current Maryland Child Care Credential certificate. - Copy of Current Maryland Child Care Credential certificate. - Copy of Current Maryland Child Care Credential certificate. - Copy of Current Maryland Child Care Credential certificate. - Copy of Current Maryland Child Care Credential certificate. - Copy of Current Maryland Child Care Credential certificate. - Copy of Current Maryland Child Care Credential certificate. - Copy of Current Maryland Child Care Credential certificate. - Copy of Current Maryland Child Care Credential teruin certificate. - Copy of Current Maryland Child Care Credential certificate. - Copy of Current Maryland Child Care Credential certificate. - Copy of Current Maryland Child Care Credential certificate. - Copy of Current Maryland Child Care Leridential teruin						
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NEW	• •		• •			
REQUIREMENTS	Enrollment: Month	Year	Projected gradua	tion: Month		_Year
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 One year of child care experience AND work at least 10 hours per week. Child care center employees – Signed letter from current employer indicating hire date, position, number of hours per week and age group. Copy of <u>current</u> Maryland Child Care Credential certificate. Copy of <u>current</u> Maryland Child Care Credential certificate. Letter or other documentation of acceptance from a participating college located in Maryland Professional development plan – list of courses and timeline required for degree completion. A copy of CURRENT college transcript for courses completed (Continuation Only) STATEMENTS AND ASSURANCES: Initial each item to indicate that you understand and agree with each statement. I affirm that <u>all</u> information on this application and <u>all</u> attached documentation is true and correct. () I understand that giving a false statement will result in the denial of this application and recoupment of any funds distributed as a result of this application. () I understand that if I have had a child care license or registration suspended or revoked I may not be eligible to receive an award through the fund. () I understand that if I am awarded funding through this program, I am required to: Successfully complete each college course and maintain a minimum of a 2.50 GPA, () Continue employment in the child care field at least 10 hours per week while completing college coursework toward a degree, () and Upon the completion of college coursework and the degree, continue employment in the child care field at least 10 hours per week, in Maryland, based on the requirements pursuant to COMAR 13A.14.09. () I have attached <u>all</u> required information. () 	REQUIREMENTS	REQUIRED DO	CUMENTATION:			
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Signature: Date:	 I affirm that <u>all</u> information on this application. (pplication and <u>all</u> ment will result in .) d care license or a ding through this ge course and made a care field at least oursework and the requirements ion. ()	attached documentation the denial of this applicate registration suspended of program, I am required aintain a minimum of a 2st 10 hours per week while degree, continue emplopursuant to COMAR 13.	is true and correction and recoup r revoked I may to: .50 GPA, () le completing co oyment in the ch A.14.09. ()	ect. () ment of any fun not be eligible to	ds distributed o receive an k toward a