



Grow ECE[∞]

A Program of...
Child Care Aware[®] of Kansas

APPLICATION

Applicant Name: _____ Date: _____

Mailing address: _____
Street City State Zip code

County of Residence: _____

Phone: () _____ Email address: _____

Education level completed: (If no formal education credential received, list credit hours taken.)

****Transcript or certification of completion must be submitted with application.**

- | | Year Awarded |
|---|--------------|
| <input type="checkbox"/> Child Development Associate Credential (CDA) | _____ |
| <input type="checkbox"/> AA/AAS Early Childhood Ed/Child Dev. (ECE) | _____ |
| <input type="checkbox"/> AA/AAS Other _____ | _____ |
| <input type="checkbox"/> AA/AAS ECE | _____ |
| <input type="checkbox"/> BA/BS ECE | _____ |
| <input type="checkbox"/> BA/BS Other _____ | _____ |
| <input type="checkbox"/> MA/MS ECE | _____ |
| <input type="checkbox"/> MA/MS Other _____ | _____ |
| <input type="checkbox"/> Other _____ | _____ |

College Hours completed in ECE _____ Quarter Hours Semester Hours

Colleges attended:	Name	List all years attended	City, State

Are you currently enrolled in early childhood coursework at a community college, college, or university?
 Yes No

Are you currently enrolled in a Child Development Associate (CDA) credential program?
 Yes No

EMPLOYMENT INFORMATION

Child care program name: _____

Child care program address: _____
Street City State Zip code

Supervisor's Name: _____ Supervisor's phone Number: (____) _____

Date you began working at this center: _____

Your employment position: (Check all that apply)
 Teacher Assistant Teacher
 Assistant Director Director
 Owner/Director Other _____

Number of hours work per week: _____ Full-Time Part-time Other: _____

Current salary or hourly pay rate: \$ _____ \$ _____
Per year Per hour
****Submit your most recent pay stub.**

Age of children you work with: (Check all that apply)
 Infants 0-12 Months Toddlers 13 months- less than 3 years Preschoolers 3-5 year old

Number of children in your care: _____ Infants _____ Toddlers _____ Pre-schoolers

STATEMENT OF AFFIRMATION

I, _____, attest that the information appearing on this application
Applicant's Name
and the supporting documentation are true to the best of my knowledge.

Applicant's Signature

Date

APPLICANT CHECKLIST

- Completed application.
- Transcripts
- Certificate of Completion or CDA proof of enrollment
- Most Recent Pay Stub
- W9
- Direct Deposit Authorization Form

Mail Completed Application and Required Documentation to:
Child Care Aware® of Kansas
Grow ECE∞
P.O. Box 2294
Salina, KS 67402-2294
Phone: 785.833.6576
Fax: 785.823.3385
Toll-Free Phone: 855-750-3343

Your responses help us learn more about the demographics of the Grow ECE recipients to share with funders.

Date of birth: _____

I identify as: Male Female

I identify my ethnicity as:
 Asian/Pacific Islander Bi-Racial
 Black/African American Hispanic/Latino/Latina
 American Indian Tribe White/Euro American
 Other _____