

**MARYLAND STATE DEPARTMENT OF EDUCATION**  
**DIVISION OF EARLY CHILDHOOD DEVELOPMENT ● OFFICE OF CHILD CARE**  
 200 West Baltimore Street, 10<sup>TH</sup> Floor, Baltimore, Maryland 21201  
**CHILD CARE CAREER AND PROFESSIONAL DEVELOPMENT FUND**

**INSTRUCTIONS:** Complete this application form and mail it with **all** documentation to the Office of Child Care (OCC) at the above address. Complete **all** information in the spaces provided. Applications will be accepted only **prior** to the beginning of a college semester. All applications must be accompanied by required documentation. Incomplete applications **will** be returned.

Applicant's Name: \_\_\_\_\_  
 (Please print or type) Last First Middle Maiden

Social Security #(required): \_\_\_\_\_ Date of Birth (mo/day/yr): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Number Street Apt. # (if applicable) City State Zip Code

Daytime Phone #:(\_\_\_\_\_) \_\_\_\_\_ Alternate Phone #:(\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

I am a: (Check the appropriate box.)

I am a Family Child Care Provider, registration #: \_\_\_\_\_ (attach copy of current registration)

I work in a Child Care Center: Position: \_\_\_\_\_ Age Group(s): \_\_\_\_\_

Center Name \_\_\_\_\_, License #: \_\_\_\_\_

Address \_\_\_\_\_  
 Number Street City State Zip Code

Name of College that you will be or are attending: \_\_\_\_\_

College location (city/town) \_\_\_\_\_

Course of Study/Major: \_\_\_\_\_

Enrollment: Month \_\_\_\_\_ Year \_\_\_\_\_ Projected graduation: Month \_\_\_\_\_ Year \_\_\_\_\_

APPLICATION TYPE: (check only one)		<input type="checkbox"/> FIRST APPLICATION	<input type="checkbox"/> CONTINUATION
REQUIREMENT	REQUIRED DOCUMENTATION:		
<b>At least one year of child care experience.</b>	<ul style="list-style-type: none"> <li>Family child care providers - A copy of current registration certificate.</li> <li>Child care center employees - Letter from center indicating, hire date, position, number of hours per week, age group.</li> </ul>		
<b>Participation in the Maryland Child Care Credential.</b>	<ul style="list-style-type: none"> <li>Copy of <u>current</u> Maryland Child Care Credential certificate.</li> </ul>		
<b>College enrollment toward a degree in early childhood education or related field.</b>	<ul style="list-style-type: none"> <li>Letter or other documentation of acceptance from a college located in Maryland</li> <li>Statement from college of costs associated with enrollment (tuition, fees and books.)</li> <li>A copy of college transcript(s) for any courses already completed.</li> <li>Professional development plan including college enrollment information, plan for degree completion and timeline.</li> </ul>		

**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 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 2.75 GPA, (\_\_\_\_)
  - Continue employment in the child care field while completing college coursework toward a degree, (\_\_\_\_) and
  - Upon the completion of college coursework and the degree, continue employment in the child care field, in Maryland, based on the requirements pursuant to COMAR 13A.14.09. (\_\_\_\_)
- I have attached **all** required information. (\_\_\_\_)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_