



New Jersey First Steps

A State-wide Infant/Toddler Initiative

**New Jersey First Steps Infant/Toddler Scholarship Program • March 1, 2010 - June 30, 2011
NJ Infant/Toddler Credential College Course Application**

Please print or type clearly. Funds are limited and are not guaranteed.

Section I: Applicant Information

Name:	SS#	Date of Birth:
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Phone (work): ()	Phone (home): ()	email:
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Home Address:

Street	City	State	Zip	County
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Name of Center:	Date of Hire:	License ID#:
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Address of Center:

Street	City	State	Zip	County
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Job Title/Position:

Head Teacher Group Teacher Assistant Teacher Other _____

Are you receiving funding from Professional Impact NJ for classes this semester? yes no

Child Care Work Information:

Full Time (at least 30 hrs per week) Part Time

How long have you worked with infants/toddlers? _____

Number of years in child care? _____

Age Group Served:

Infant (0 - 2 1/2 years)

Toddler (2 1/2 - 3 years)

Number of infants served _____

Number of toddlers served _____

Highest Level of Education Completed:

High School or GED

Some College

Associate's Degree

Bachelor's Degree

Section II: College Information

College Attending:	Off-site location (if applicable):
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Mailing Address:

Street	City	State	Zip	County
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Course I am taking this semester: (only ONE course may be taken at a time):

Month/Year

_____	From: ____ / ____
Semester: <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Summer 1 <input type="checkbox"/> Summer 2 <input type="checkbox"/> Summer 3	To : ____ / ____

Expected Date of completion of NJ Infant Toddler Credential: ____ / ____ / ____

I VERIFY I HAVE READ, UNDERSTAND, AND WILL ABIDE BY THE ENCLOSED RULES AND REGULATIONS FOR THE NJ FIRST STEPS INFANT/TODDLER SCHOLARSHIP PROGRAM. I have fully completed and signed this application and Handbook of Rules and Regulations. I have enclosed all documentation and understand that the scholarship cannot be awarded if I do not successfully complete the application process by the designated deadlines. I understand that incomplete applications will be returned and will not be processed. I give permission to NJ First Steps to request and/or exchange with the bursar/ registrar of the college/university named on this application any information needed to complete my scholarship application or for statistical purposes for all semesters/terms in which I have applied for NJ First Steps Infant/Toddler Scholarship funds. I understand that funds are limited and are not guaranteed.

Signature of Applicant _____ Date _____



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Section III: Certification and Applicant's Signature

I hereby certify that all of the above information is true and correct to the best of my knowledge. I understand that misrepresenting my situation, failing to give the necessary information, or causing others to hold back information may disqualify me from receiving scholarship funds. I also understand that:

1. This information is being given in connection with federal, state, and local public funds and may be used for computer matching programs to confirm the accuracy of my statements.
2. NJ First Steps staff members may use my name and social security information with federal and state agencies and other sources deemed necessary for official examination.
3. Failure to provide or deliberate misrepresentation of required information may result in the denial of my application.
4. I understand that in order to verify my employment, NJ First Steps may need to contact my employer(s). I hereby authorize my employer(s) to release information regarding my employment to NJ First Steps to whom I have applied for scholarship funds.

Print Name

Signature

Date

Unsigned applications can not be processed. Keep a copy of this application for your records.

Please check each box to make sure you have:

- 1.** Signed pages 1, 2, and 3 of this application.
- 2.** Filled out sections I, II, and III.
- 3.** Attached OFFICIAL course registration and course tuition bill.
- 4.** In order to prove I have fulfilled the training/education requirements for the Infant/Toddler Credential, I have attached copies of certificates of approved 120 hours of non-credit training related to Key Indicators, copy of Infant/Toddler CDA certificate, or official transcripts for 15 college credits related to Key Indicators or an Associate's or Bachelor's degree in Child Development or a related field (see page 2 of the Infant/Toddler Credential Learning Guide).
- 5.** Attached copy of most recent pay stub (within last 30 days) and letter from center director on center letterhead verifying that you have worked with infants/toddlers for at least one year prior to application, your position and number of hours worked per week, and recommending you for the scholarship.

Mail your application and documentation to The New Jersey First Steps Infant/Toddler Initiative Regional Agency for the county in which you work:

Northern: (Bergen • Essex • Hudson • Morris • Passaic • Sussex • Warren)

Programs for Parents • 500 Bloomfield Avenue, Montclair, NJ 07042 • (973) 744-4050 ext. 1016

Central: (Union • Hunterdon • Middlesex • Mercer • Somerset • Monmouth • Ocean)

CCCC of Union County • NJ First Steps Infant/Toddler Scholarship Fund • PO Box 718, Union, NJ 07083 • (973) 923-1433 ext. 168

Southern: (Salem • Atlantic • Burlington • Camden • Cape May • Cumberland • Gloucester)

Southern Regional Child Care Resource Agency-EIRC • 900 Hollydell Drive, Sewell, NJ 08080 • (856) 582-8282 ext. 145



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Section IV: NJ Registry for Childhood Professionals Serving Children Birth Thruh Age Thirteen

Participation in the NJ First Steps Infant/Toddler Scholarship Program requires that you participate in the *New Jersey Registry for Childhood Professionals Serving Children Birth Through Age Thirteen*.

The *NJ Registry* is a statewide system that guides, tracks, and recognizes the professional growth and development of individuals working in early care and education, afterschool, and primary education. It keeps track of professional development achievements by maintaining confidential records for each individual. Participants are approved at one of seven levels based on their education and experience. Individuals who conduct training can also be approved at one of four instructor levels. The *NJ Registry* also issues Head Teacher and Group Teacher approvals recognized by the Department of Human Services' Office of Licensing.

Membership in the *NJ Registry* is valid for one year. The initial registration fee of \$25 is waived for NJ First Steps Scholarship recipients. Thereafter, you must renew annually for a small fee to continue your participation in the scholarship program. In order to renew, you must participate in at least 20 hours of non-credit professional development per year.

If you have any questions, please call 973-391-2633 ext 204.

Have you applied to the *NJ Registry* Before?: yes no If yes, your NJ Registry #: _____

Mail my *NJ Registry* certificate to: home work

I am also applying for (*optional*): NJ Group Teacher Approval NJ Head Teacher Approval

This information is optional and will be maintained as confidential. It will be used for statistical purposes only.

Individual gross income: \$_____ Salary: \$_____ per hour

Number of people in household _____

Age Range: 18-29 30-45 46-65 over 65

Sex: Male Female

Race: American Indian or Alaska Native Asian Black/African American Hispanic/Latino

Native Hawaiian/Other Pacific Islander White

Signature of Applicant _____ Date _____



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Section V: Work Experience

List **all** of your **child-related** experience in family child care, licensed center-based child care, school-age care, public or private school employment, resource and referral agency employment, training/consulting, and/or college/university employment.

Attach additional sheets or a resume if necessary.

POSITION (Early Childhood Related - Please refer to the job titles listed below; positions listed here must match checked boxes):

PROGRAM ADDRESS: _____ CITY _____ State _____

FROM (mm/dd/yy) _____ TO: (mm/dd/yy) _____ AGE GROUP SERVED _____

POSITION (Early Childhood Related - Please refer to the job titles listed below; positions listed here must match checked boxes):

PROGRAM ADDRESS: _____ CITY _____ State _____

FROM (mm/dd/yy) _____ TO: (mm/dd/yy) _____ AGE GROUP SERVED _____

POSITION (Early Childhood Related - Please refer to the job titles listed below; positions listed here must match checked boxes):

PROGRAM ADDRESS: _____ CITY _____ State _____

FROM (mm/dd/yy) _____ TO: (mm/dd/yy) _____ AGE GROUP SERVED _____

POSITION (Early Childhood Related - Please refer to the job titles listed below; positions listed here must match checked boxes):

PROGRAM ADDRESS: _____ CITY _____ State _____

FROM (mm/dd/yy) _____ TO: (mm/dd/yy) _____ AGE GROUP SERVED _____

Job Title Listing (for reference)

- | | |
|---|--|
| <input type="checkbox"/> Child Care Center/School-Age/After School Director | <input type="checkbox"/> School-Age Program Supervisor |
| <input type="checkbox"/> NJ Head Teacher/NJ Group Teacher/Assistant Teacher | <input type="checkbox"/> Family Child Care Provider/Assistant Family Child Care Provider |
| <input type="checkbox"/> Family Worker | <input type="checkbox"/> Instructor / Professor / Trainer |
| <input type="checkbox"/> P-3/ Kindergarten/Nursery School Teacher | <input type="checkbox"/> Other |

Section VI: Documentation of Education

If you have received college credits, you must send **OFFICIAL** transcripts (*with the college seal, in an unopened envelope*) of all college coursework. Please mail COPIES of high school diploma and any non-credit certificates from non-credit classes, workshops, or conferences which you have attended within the last five years. Also mail copies of any credentials (i.e. CDA-Child Development Associate, CCP-Certified Child Care Professional, High Scope) which you may hold.