

Crawford County Kids Association Provider Scholarship Program

Program Goal: *The goal of the Crawford County Kids Association (CCKA) Provider Scholarship Program is to support the professional growth of early childhood educators in Crawford County by reducing financial barriers to continuing education.*

Purpose: The CCKA Provider Scholarship Program is designed to support early childhood educators who are pursuing professional development but face financial barriers. By assisting with the cost of classes and required materials, the program helps reduce financial strain that might otherwise prevent providers from enrolling in training or coursework. The goal is to strengthen the local childcare workforce, improve the quality of care for young children, and promote long-term career advancement within the early childhood field.

Financial Assistance: Eligibility and scholarship award amounts will be determined through a qualification process based on demonstrated need and available funding. Applications will be accepted during an established window (approximately 30 days), and recipients will be selected according to prioritized needs, contingent upon the availability of funds in the *Crawford County Kids Association Scholarship Fund*.

Eligible students will receive financial assistance for Early Childhood Education coursework and required textbooks. Scholarship funds will be sent directly to the student's school to apply toward outstanding balances. Any remaining balance will be the responsibility of the student, as agreed upon with the school.

Please note that qualifying for financial assistance does not guarantee that funds will be available to fully cover tuition or services. A waitlist of eligible, interested students will be maintained should additional funding become available.

SECTION A – WILL YOU QUALIFY?

To qualify for the CCKA Scholarship and receive assistance, you must meet specific requirements:

- Be a student at one of the four Crawford County High School or at an Illinois Eastern Community College
- Taking Early Childhood Education Classes
- Demonstrated financial need that may present a barrier to accessing professional development opportunities.

WHEN CAN I APPLY FOR THE CCKA GRANT SCHOLARSHIP?

CCKA will have three rolling waves of applications

Wave 1 (Spring Semester) | January 7 - February 1, 5 p.m. CST

Wave 2 (Summer Semester) | June 1 - July 1, 5 p.m. CST

Wave 3 (Fall Semester) | August 1 – September 2, 5 p.m. CST

Application processing time is estimated to be approximately 30 days.

Crawford County Kids Association Provider Scholarship Program

SECTION B – Student Information

Full Name: _____

☐ Male ☐ Female

Date of Birth: __/__/__

Address: _____

City, State & Zip: _____

Phone: _____ Email: _____

Please indicate preferred communication method: _____ email _____ USPS mail

SECTION C – Education Information

School you are enrolled/enrolling: _____

Grade Level/Year in College: _____

Expected Graduation Date: _____

GPA: _____

SECTION D- Financial Information

Do you receive FAFSA Pell Grant? ☐ Yes ☐ No

Annual Household Income: _____

Number of people in household: _____

SECTION E – DOCUMENTATION CHECKLIST

- ☐ Completed CCKA Provider Scholarship Program application
- ☐ Proof of enrollment in an approved early childhood education course or training (e.g., class schedule)
- ☐ A personal letter of academic and professional goals (e.g./additional information may include honors, activities, financial need, why you want/deserve this scholarship, etc.)
- ☐ Letter of support/recommendation (not from a family member)
- ☐ Documentation of class-related expenses (e.g., tuition invoice, book list with estimated costs)
- ☐ Household income verification (last two pay stubs or, for new employment, a letter from the employer)
- ☐ Attestation that you are currently employed as a childcare provider in Crawford County
- ☐ Attestation that you are in good standing with DCFS licensing regulations and any applicable professional development systems (e.g., Gateways)

Crawford County Kids Association Provider Scholarship Program

- ☐ Attestation that you will notify the scholarship program of any changes to your employment or income status within 15 days
- ☐ Consent for the release of information solely for the purpose of scholarship administration
- ☐ Completed W-9 Form from the applying provider or sponsoring childcare program

***I certify that all information is correct and that if awarded a scholarship, Crawford County Kids Association is hereby granted permission to release this information for publication for a period of one year from date stated below. My signature is written consent that FAFSA data can be shared with the scholarship granting organizations. I authorize my chosen school to provide information pertaining to my enrollment status, hours enrolled, grades, financial assistance, tuition and fees to the Crawford County Kids Association.

Applicant Name (Print): _____ Date: _____

Applicant Signature: _____

Incomplete applications will not be accepted!

Mail or email completed and signed application along with required documentation to:

CCKA Scholarship Program

Roselene Quick

300 West Main Street

Robinson, IL 62454

Email: rquick@roe12.org

Disclaimer: The CCKA Program reserves the right to change the rules and eligibility requirements as needed. Any change in the program will be communicated to current families who have previously qualified through mail or email. The CCKA Scholarship Program is being offered through funding from the Crawford County Board, The City of Robinson, Marathon Petroleum Company, Hershey Chocolate, Crawford Memorial Hospital, Crawford County Kids Association, and eligible grants and donations received from the community. Qualification in the scholarship program does not remove students from their financial obligations for any services received.

Crawford County Kids Association Provider Scholarship Program

Photo Release Form

Organization Name: _____

Address: _____

Phone: _____ Email: _____

Permission to Use Photograph/Video

I hereby grant permission to Crawford County Kids Association, its representatives, employees, and agents, to take photographs and/or video recordings of me and/or my child(ren) listed below. I authorize the use of these images in:

- Print and digital publications
- Social media and websites
- Promotional and outreach materials

I understand that:

- These images may be used without further notice or compensation.
- All images will become the property of Crawford County Kids Association.
- I may revoke this consent in writing at any time, but revocation will not affect prior use.

Participant Information

Name of Adult (if applicable): _____

Name(s) of Minor Child(ren): _____

Consent (check one):

☐ I DO give permission for photo/video use as described above.

☐ I DO NOT give permission for photo/video use.

**Crawford County Kids Association
Provider Scholarship Program**

Signature of Adult or Parent/Guardian: _____

Printed Name: _____

Date: _____ **Phone/Email (optional):** _____