



Dear Early Childcare Educator,

We are pleased to inform you that GrowSmart is now accepting applications for teacher scholarships for the upcoming semester. **Please share the following information with your colleagues and staff. To receive a GrowSmart scholarship, a teacher must be employed at a Virginia Beach early childcare site.** Enclosed you will find the scholarship application and guidelines. **Please read some important reminders below:**

- The deadline for all scholarship applications is **Friday, July 7, 2017**. Priority will be given to returning scholarship recipients in good standing with TCC. After that, scholarships will be awarded on a first-come, first-served basis, depending on available funds and applicant eligibility.
- **If you are a returning student who received a GrowSmart scholarship in the Spring 2017 semester:**
 1. You **are not** required to complete a new application.
 2. You must provide a copy of your fall transcripts to verify scholarship eligibility for the spring. Once we have determined your eligibility, we will inform you as soon as possible of your scholarship status for the spring so that you can register for classes.
 3. Send a letter or email or call our office to let us know which classes you have registered for. Remember that GrowSmart will only pay for **two** qualifying classes per semester. If you have questions about whether a class qualifies, contact Devin Cowhey: 385-6434 or dcowhey@vbgov.com.
- **If you have not received a GrowSmart scholarship before**, please complete the steps below. **You MUST complete EACH step or your application will NOT be considered for a scholarship.**
 1. **Complete and return the attached scholarship application.** This application must be completed in its entirety. If you have previously taken classes at TCC or are currently enrolled, we **must** have your emplid #.
 2. **Visit the “Admissions” section of the TCC website** <http://www.tcc.edu/students/admissions/>. **Follow steps #1-3.**
 3. **Apply for DSS scholarship.** It is imperative that you apply for Financial Aid by completing the FAFSA (Step #2). Apply for a Virginia Department of Social Services child care grant here: http://www.dss.virginia.gov/family/cc/professionals_resources.cgi (The application can be found at the right of the screen under “Announcements.” You can either apply online or download the application in PDF form and mail it in.) It is imperative that you apply for the DSS grant. **You will not be eligible to apply for a scholarship through GrowSmart if you do not apply for this grant**



first. Please keep a copy of your application for your records and provide information regarding the status of your grant award to me as soon as possible.

4. Read, sign and return the attached Virginia Beach Early Childhood Scholarship Guidelines.
5. Complete and return the attached Permit to Disclose Personally Identifiable Information from Educational Records **and** Permit to Disclose Personally Identifiable Information from Financial Records.
6. Ensure that you have read and understand the deadlines, including dates for class registration, class start date, etc. The TCC academic calendar can be found here: <http://www.tcc.edu/students/calendar/academic/>

The five required documents (Scholarship Application, DSS Application/Letter, Virginia Beach Early Childhood Scholarship Guidelines, and two Permits to Disclose Personally Identifiable Information) must be completed and submitted **no later than Friday, July 7, 2017** via fax, email or snail mail:

Devin Cowhey
Virginia Beach GrowSmart
4525 Main Street
Suite 700
Virginia Beach, VA 23462
dcowhey@vbgov.com

Please call me with any questions: (757) 385-6434.

Sincerely,

Devin

Devin Cowhey
GrowSmart Associate
Virginia Beach GrowSmart
(757) 385-6434

Enclosures: Scholarship Application, Virginia Early Education Scholarship Guidelines, Permit to Disclose Personally Identifiable Information from Educational Record, Permit to Disclose Personally Identifiable Information from Financial Records



Virginia Beach Department of Economic Development
4525 Main Street
Suite 700
Virginia Beach, VA 23462
Telephone: 757-385-0144 Fax: 757-499-9894

Dear Early Education Provider:

This is the application for the GrowSmart Early Education Quality Improvement Scholarship. Before applying, please read the entire application packet to ensure you understand the benefits and responsibilities associated with accepting a scholarship.

The scholarship helps you attain your educational goals upon completion of the following:

- **General Education Diploma (GED);**
- **Career Studies Certificate:** Child Development, Early Childhood Development: Infant & Toddler, Early Childhood Development: Preschool, Educational Support Specialist;
- **Certificate:** Early Childhood Instruction;
- **Associate of Applied Science:** Early Childhood Development
- Other: _____

Receipt of the scholarship would require your commitment to remain employed with your current child care program after completion of the coursework for a **minimum of one year**, as one of the primary goals of this program is reduced teacher turnover.

In order to be considered for a scholarship, you must submit:

1. Fully completed application
2. Transcripts
3. Signed agreement (Virginia Beach Early Childhood Scholarship Guidelines)
4. Completed and signed Permit to Disclose Personally Identifiable Information from Financial Records and Permit to Disclose Personally Identifiable Information from Educational Records

Scholarship Enrollment

Name: _____

Home Address: _____

City: _____ Zip: _____

Email: _____ Phone number: _____

Check here if applicant is not a Virginia resident.

Ethnicity

Check one:

- African-American/Black White/ European Descent
 Hispanic/Latino/Latina Asian/Pacific Islander
 Native American Other

Employment Status:

Center name: _____

Center address: _____

Phone number: _____

Center Auspices: For-profit Non-profit Head Start
 Public School Faith-based

Is your center NAEYC accredited? Yes No

Your current job title: _____

Beginning employment date in current work place: ___ / ___ / ___

What age group do you teach? _____

How many years have you worked in child care? _____

Educational History

High School Last Attended & City/State	Dates Attended	Diploma	G.E.D.
		___ Yes ___ No	___ Yes ___ No
Community College, Technical School or College, University	Dates Attended	Major	Certificate or credit hours completed

1. Are you currently attending a community college and working toward an AAS degree in Early Childhood Education? YES NO

School: _____

If yes, provide your emplid number: _____

If yes, attach a copy of transcripts with application.

2. What are your professional goals in early childhood education?

3. How will this scholarship help you achieve your goals?

Where will you start? (Check One):	
<input type="checkbox"/> G.E.D.	<u>Career Studies Certificate:</u>
<input type="checkbox"/> Associate of ECD (66 credits)	<input type="checkbox"/> Educational Support Specialist (18 credits)
<input type="checkbox"/> Certificate: Early Childhood Instruction (34 credits)	<input type="checkbox"/> ECD: Infant & Toddler (19 credits)
<input type="checkbox"/> Other: _____	<input type="checkbox"/> ECD: Preschool (19 credits)
	<input type="checkbox"/> Child Development (12 credits)

Agreement and Signature of Applicant

I attest the information I have provided is true and accurate. Based on this information, I am applying to Virginia Beach GrowSmart for a scholarship to help me pay the cost of educational expenses.

I agree to commit to employment at my sponsoring center for **one year** after completion of my course of study.

Signature of Applicant Date

Director's Signature Date

Return completed Application and Documentation to:

GrowSmart Coordinator
Virginia Beach GrowSmart
4525 Main Street, Suite 700
Virginia Beach, VA 23462
Telephone: 757-385-0144 Fax: 757-499-9894
Email: VBGrowSmart@vbgov.com



Virginia Beach Early Education Scholarship Guidelines

1. **Employment:** I understand that by accepting this scholarship, I am committing to remain at my current child care program after completion of the coursework for a term of one year.
2. **Scholarship Amount:** If awarded, the scholarship will pay tuition and fees for **two** required courses per semester in an approved program. Books and any other costs are the responsibility of the student.
3. **Satisfactory Progress:** I understand that in order to remain eligible for the scholarship each semester, I must successfully complete all courses in which I am enrolled. Successful completion means I receive a passing grade in the course. If I withdraw from the course after the last day to drop for a tuition refund, this counts as an unsuccessful attempt, and I will receive a grade of "W." I will no longer be eligible for the scholarship if I have two unsuccessful course attempts (grade "F" or "W").
4. **Approved Programs:** Scholarship recipients are eligible to complete the following degrees and certificates:
 - a. Career Studies Certificate: Early Childhood Development: Infant & Toddler, Child Development, Early Childhood Development: Preschool, Educational Support Specialist;
 - b. Certificate: Early Childhood Instruction
 - c. Associate of Applied Science: Early Childhood Development
 - d. Other courses of study – prior approval required
5. **Course Approval:** Students must obtain approval from the GrowSmart Coordinator for each semester's courses before payment will be authorized. **It is the student's responsibility to notify the Coordinator of the courses in which he/she is enrolled and receive approval.** Failure to do so may result in a loss of scholarship eligibility.

I have read, understand, and agree to the above guidelines.

Print Name

Signature

Date



Permit to Disclose Personally Identifiable Information From Educational Records

The following information is required by the Family and Educational Rights and Privacy Act of 1974, as amended, in order for the College to be authorized to release the information you indicate. This procedure is followed to protect your privacy. Please complete the form below and return it to any campus Enrollment Services Office. Standing requests are not honored. A student must submit this form to the Enrollment Services Office upon each request for disclosure.

Print full name _____ Former name(s) _____

Birthdate (dd/mm/yy) _____ SSN#* _____ SIS ID _____

*Social Security Number not required, but highly recommended for students whose last attendance was 2003 or earlier, so that the record can be located more efficiently.

In processing your request, TCC may need to furnish and/or confirm your Social Security Number (SSN) with the third party that you have specified. Per the Federal Educational Rights and Privacy Act (FERPA), you have the right to authorize or prevent disclosure/confirmation of your SSN to most third parties. As such, please indicate below whether TCC is authorized to release your SSN if requested and/or needed in processing this request.

- I authorize TCC to disclose/confirm my SSN if requested and/or needed in processing this request
- I do not authorize TCC to disclose/confirm my SSN if requested and/or needed in processing this request
(NOTE: In some instances, TCC may be lawfully required to disclose a student SSN)

1. The record(s) to be disclosed is (are):

- Information from your TCC Application for Admission form
- Permanent record (grades, GPA, degrees, etc.)
- Enrollment record(s) for _____ Year _____
- Other (describe: i.e., estimated completion date, previous graduation, etc.)
Transcripts (past and present) _____

2. The purpose(s) of disclosure is (are):

- Certify current enrollment at Tidewater Community College
 - College level (credit/unit)
 - Full-time (12 or more credit hours)
 - Part-time (less than 12 credit hours)
 - Workforce Development (CEU or non-credit program)
- Certify past enrollment at Tidewater Community College
- Defer payment to _____
- Other (describe) Virginia Beach GrowSmart scholarship eligibility _____

3. The person or organization to whom this disclosure is to be made:

Name of party Barb Lito representing Virginia Beach GrowSmart
Address of party City of Virginia Beach / Dept. of Economic Development
4525 Main Street / Suite 700 / Virginia Beach, VA 23462

4. Hold for student pick up of requested information
 Mail requested information

Signature of student (Authorization to release) _____ Date _____ Campus of Record _____

Street address _____ Telephone number (contact or message #) _____

City _____ State _____ Zip _____

OFFICE USE ONLY

Processed by _____ Date _____



Permit to Disclose Personally Identifiable Information from Financial Records

In order to authorize the release of information to any party, other than the student, the following information must be provided. This is a requirement of the Family and Educational Rights and Privacy Act (FERPA) of 1974, as amended. Please complete this information and submit this form to the campus financial aid office.

Financial Aid Disclosure for the _____ Academic Year

_____ Hold for student pick up of requested information.

_____ Mail requested information to: _____

_____ Fax requested information to: () - _____

1. Records to be disclosed: Financial aid information _____ Veterans Affairs information

2. Purpose of Request:

_____ Department of Rehabilitative Services _____ Parent request for information

_____ One Stop Program _____ Spouse request for information

_____ Department of Social Services _____ Tuition Fee Waiver (Pell Eligible)

_____ Redevelopment Housing Authority/HUD Other: Scholarship eligibility

3. The person or organization to which this disclosure is to be made: (please print)

Name: Barb Lito, Virginia Beach GrowSmart

Address: Virginia Beach Economic Development / 4525 Main Street / Suite 700 / Virginia Beach, VA 23462
Street Address City State Zip

In processing your request, TCC may need to furnish and/or confirm your social security number (SSN) with the third party that you have specified above. Per the Federal Educational Rights and Privacy Act (FERPA), you have the right to authorize or prevent disclosure/confirmation of your SSN to most third parties. As such, please indicate below whether TCC is authorized to release your SSN if requested and/or needed in processing this request.

_____ I authorize TCC to disclose/confirm my SSN if requested and/or needed in processing this request.

_____ I do not authorize TCC to disclose/confirm my SSN if requested and/or needed in processing this request. (Note: In some instances, TCC may be lawfully required to disclose a student's SSN)

My signature below serves as affirmation that I authorize the release of personally identifiable information to the party listed above during the _____ academic school year at Tidewater Community College.

Signature: _____

Date: _____

Print Name: _____

Campus of Record: _____

Address: _____
Street Address

SIS ID: _____

City State Zip

Telephone: () - _____

OFFICE USE ONLY

Processed by: _____

Signature: _____