



COLLEGE OF RURAL AND COMMUNITY DEVELOPMENT
University of Alaska Fairbanks

2019/20 Academic Year Tuition Assistance Application Form

Please submit application packet to:

Veronica Plumb

vmplumb@alaska.edu

Please scan and email, mail, or deliver in person.

When Emailing – Please write **EC Professional Scholarship in the subject line.**

Physical/Mailing Address: 604 Barnette Street Suite 220
Fairbanks Alaska 99701

Please fill out the Tuition Assistance Application Form and provide the following with your application:

NEW APPLICANT (have never received this scholarship before, or if you have changed your employment).

1. **Tuition Assistance Application**
2. **A letter from you**, indicating why you are a candidate for tuition assistance. The letter should state why you are applying for tuition assistance and how do you plan on continuing in the early childhood education field.
3. **One letter of recommendation** from either a Supervisor, Co-worker, or someone from outside of the University.

PREVIOUS RECIPIENT (You have received this scholarship before and are still working in the same program please just include this application (no letters necessary)).

1. **Tuition Assistance Application**

REQUIREMENT: Are you a current member of SEED Registry? Yes No

SEED Registry Number _____, this is the ID created when you opened a SEED account.

Being a member of the SEED Registry is a requirement for receipt of this tuition assistance opportunity.

Applicants that do not include their SEED Registry Number will be considered for scholarship after all other applicants.

This creates the risk that you may not receive a scholarship.

Are you applying for fall 2019 _____ or Spring 2020 _____ Semester

Name (First, Middle Last: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Preferred E-mail: _____

Have you taken classes with the University of Alaska? YES NO UA ID Number (If known): _____

If you have previously taken classes under another name, please include any previous names. _____

Alaska Resident:

Yes No

Are you enrolled in a degree program? Yes No If so which?

Will this be your only funding source? Yes No

Funding Sources: Do you have funding resources already? Yes No

If yes, where does the funding come from?

Employer Yes No Organization Yes No FAFSA Yes No Other Yes No

Current work Status:

In order qualify for this tuition assistance, you must currently be working in a child care facility.

Licensed Program Name: _____

If there are multiple sites of your program: Which site are you located at? _____

Address of Licensed Program site: _____

Supervisor Name: _____ Date you began working at this program: _____

Program Type:

Licensed Child Care Licensed Early Head Start/Head Start Pre-Elementary Program

Non-Licensed Early Head Start/Head Start Other: _____

I certify that information that has been provided on and with this application is true and correct.

Signature of Applicant: _____ Date: _____

Did you receive a scholarship through this funding opportunity during any of the previous academic year (2016-17, 2017-18, 2018-19)? If so, please share the following information.

This will also be shared with the State of Alaska Child Care Programs:

Class number and title: _____

Final Grade (Please Circle or highlight) A B C D F NB INC.

Campus course was delivered out of UAA UAF UAS

Did you successfully complete the class with a passing grade of C or better? Yes No

Did you take this class to meet licensing regulations? Yes No

Did you take this class to meet Learn and Grow Administration Requirements? Yes No

Did you take this class to meet a degree requirement? Yes No

Did you take this class for your own professional development? Yes No

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Add Additional Sheets of this last page as necessary.