



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 (MANDATORY REQUIREMENT, you will not receive a scholarship unless you ARE a current member of the SEED Registry) Your membership will be validated through SEED.**

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

SEED Registry Username _____, 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 Username will be considered for scholarship after all other applicants and only after your membership with SEED is validated. This creates the risk that you may not receive a scholarship. Additionally, successful applicants must complete any course(s) for which a scholarship is received with at least a "C" equivalent or "Pass".

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

Name (First, Middle Last: _____ Date: _____

Home: 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 to 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: _____

Did you receive a scholarship through this funding opportunity during any of the previous academic year (2016-17, 2017-18, 2018-19, 2019-20)? If so, please share the following information.

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

What was the last Class number and title that you completed under the scholarship funding:

What Semester and year what the Course Taken? _____.

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

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

Signature of Applicant: _____

Date: _____