

# ***Child Development***

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***Make a  
difference  
in a young  
child's life—  
the Child  
Development  
Grant  
Program***

***2007-2008 Coordinator's Guide***

## Getting Started

The California Student Aid Commission (Commission) is pleased to announce that we are now processing Child Development Grant Program (Program) applications for the 2007-2008 academic year. The Program is designed for students who are attending California postsecondary educational institutions and who intend to attain a Child Development Permit (Permit) to teach or supervise in a licensed children's center in California.

The following documents have been included in this booklet for your use in administering this Program:

- ▶ Coordinator Nomination Form
- ▶ Child Development Grant Program Application

*We appreciate your assistance and look forward to another successful year.*

## Program Description

The Program is designed for students who:

- ▶ are attending California public or private, two-year or four-year postsecondary educational institutions
- ▶ intend to teach or to supervise in a licensed children's center in California.

The Program provides benefits to selected applicants who:

- ▶ are enrolled in approved coursework leading to a Permit issued by the Commission on Teacher Credentialing in one of the following levels:

- ▲ Teacher
- ▲ Master Teacher
- ▲ Site Supervisor
- ▲ Program Director

- ▶ maintain at least half-time enrollment and satisfactory academic progress as defined by the postsecondary institution, and

- ▶ demonstrate financial need.

## Grant Amounts

Selected grant recipients who are attending a two-year postsecondary institution are eligible to receive up to \$1,000 per academic year, and recipients attending a four-year university are eligible to receive up to \$2,000 per academic year. Grants may be renewed for one additional year, with a two year maximum, pending state budget approval.

The total amount a recipient may receive through the Program is \$6,000. Contact the Commission for further information.

## *To be eligible, an applicant must meet each requirement:*

- ◆ Be a U.S. citizen or an eligible noncitizen
- ◆ Be a California resident
- ◆ Meet federal Selective Service filing requirements
- ◆ Submit a completed 2007-2008 Free Application for Federal Student Aid (FAFSA) to the Federal Processor by the final filing date. (Students can fill out and submit a FAFSA online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov).)
- ◆ Enroll in approved courses leading to a Permit
- ◆ Be nominated by an eligible postsecondary institution or nominated by the employing agency (The employing agency must hold an approved waiver of staffing qualifications on behalf of the applicant.)
- ◆ Maintain at least half-time enrollment in approved courses leading to a Permit
- ◆ Maintain satisfactory academic progress as defined by the postsecondary educational institution
- ◆ Commit to full-time employment in a licensed children's center in California for a period of one year for each year of benefits received

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## 2007-2008 Child Development Grant Program



# Coordinator Nomination Form

Must be completed by the Child Development Grant Program Coordinator (please print or type)

INSTITUTION NAME

INSTITUTION MAILING ADDRESS

Indicate the number of students who were selected as applicants: \_\_\_\_\_  
(List the names of these applicants on the reverse side of this form.)

As the Child Development Grant Coordinator (Coordinator) I have read the Child Development Grant Program (Program) application materials. I understand that I may nominate as many eligible applicants as I choose to compete for the 2007-2008 academic year. The applicant(s) listed on the back side of this form are hereby nominated for the Program.

I have included an application for each nominee listed. Additionally, I have determined that the applications meet the Program eligibility requirements.

I understand that incomplete applications **will not be considered** for an award. I also understand that this Program is subject to amendments that may result in the reduction or loss of funds.

Name of Coordinator: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature of Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form and the application materials for all applicants listed on the reverse side postmarked no later than June 29, 2007 to:**

California Student Aid Commission  
Attn: Specialized Programs—Child Development  
P.O. Box 419029  
Rancho Cordova, CA 95741-9029



# 2007-2008 Child Development Grant Program Coordinator Nomination Form

APPLICANT NAME

SOCIAL SECURITY NUMBER

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____
16	_____	_____
17	_____	_____
18	_____	_____
19	_____	_____
20	_____	_____
21	_____	_____
22	_____	_____
23	_____	_____
24	_____	_____
25	_____	_____

# 2007-2008

# CHILD DEVELOPMENT GRANT PROGRAM APPLICATION

This application must be submitted to the Commission by your school and postmarked no later than **JUNE 29, 2007.**

## SECTION I - APPLICANT INFORMATION - TO BE COMPLETED BY APPLICANT (please print or type)

<b>1</b>	LAST NAME	FIRST NAME	MIDDLE INITIAL	<b>2</b> SOCIAL SECURITY NUMBER
<b>3</b>	ADDRESS	CITY	STATE	ZIP CODE
<b>4</b>	DATE OF BIRTH - MM/DD/YYYY	HOME PHONE # (    )	CELL PHONE # (    )	
	/    /	<b>5</b>	<b>6</b> EMAIL ADDRESS	
<b>7</b>	MY LONG TERM OBJECTIVE IS TO OBTAIN A CHILD DEVELOPMENT PERMIT FOR THE FOLLOWING LEVEL(S):			
	<input type="checkbox"/> Teacher	<input type="checkbox"/> Master Teacher	<input type="checkbox"/> Site Supervisor	<input type="checkbox"/> Program Director
<b>8</b>	NAME AND ADDRESS OF THE COLLEGE I WILL ATTEND DURING THE 2007-2008 ACADEMIC YEAR:			
	COLLEGE NAME	STREET ADDRESS	CITY	STATE    ZIP CODE
<b>9</b>	I CURRENTLY HOLD, OR AM ELIGIBLE TO HOLD, A CHILD DEVELOPMENT PERMIT (NOT CERTIFICATE) FROM THE COMMISSION ON TEACHER CREDENTIALING (CTC): Check all that apply to you, and list CTC permit date			
	<b>Eligible to Hold</b>	<b>Currently Hold</b>	<b>CTC Permit Date</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	None	
	<input type="checkbox"/>	<input type="checkbox"/>	Assistant Teacher	Date: _____
	<input type="checkbox"/>	<input type="checkbox"/>	Associate Teacher	Date: _____
	<input type="checkbox"/>	<input type="checkbox"/>	Teacher (Regular)	Date: _____
	<input type="checkbox"/>	<input type="checkbox"/>	Master Teacher	Date: _____
	<input type="checkbox"/>	<input type="checkbox"/>	Site Supervisor	Date: _____
	<input type="checkbox"/>	<input type="checkbox"/>	Program Director	Date: _____

- By my signature, I understand and agree that:
- I must be nominated by a postsecondary institution.
  - If I am selected as a grant recipient, I must attend an eligible California public or private two-year or four-year postsecondary educational institution.
  - I must maintain no less than half-time enrollment and satisfactory academic progress as defined by the postsecondary educational institution. If I do not comply with this requirement, I understand that I will be withdrawn from the Program.
  - Receipt of this grant may affect other financial aid assistance.
  - If selected, I must sign a Service Commitment Agreement each year I receive grant funds. By signing the Agreement, I understand that I must be employed full-time in a licensed children's center in California for a period of one year for each year I receive grant funds and provide evidence of such employment each year.
  - I am applying for a Child Development Grant because I intend to receive the permit for the level stated in question #7.
  - I must meet federal Selective Service filing requirements.
  - I hereby authorize my school official to complete and release the information requested in Section II and Section III (which will enable me to compete for the Child Development Grant Program) to the California Student Aid Commission.
  - I hereby certify that I am a United States citizen or eligible noncitizen and a legal resident of the state of California.

I declare under penalty of the laws of the state of California and the United States that this form has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the penalty for submission of fraudulent or incorrect information on this form may be repayment of the grant amount received with interest and additional penalties under federal or California law. I authorize my school, the California Student Aid Commission and the California Department of Education to receive and to release my student records, information regarding this application, and other information I have provided concerning my application and grant between institutions and appropriate public and private agencies. I understand that only complete and accurate applications that have been submitted using the required procedures will be considered. I understand that this program is subject to rescission or amendment at any time resulting in possible changes and reduction or complete loss of funds, notwithstanding the rules or benefits at the time the award is made.

\_\_\_\_\_  
Signature of Applicant:

\_\_\_\_\_  
Date:



APPLICANT'S LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER
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**SECTION II: GPA VERIFICATION** - To be completed by a school official (please print or type)

Calculate the student's grade point average (GPA) according to the instructions below\* and enter here. GPA must be computed on an unweighted 4.00 grading scale.

Fill in all three spaces.  

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(\*Calculate the student's GPA on a 4.00 scale to two decimal places Failing grades that have not been replaced prior to spring 2007 must be included.)

**\*Current high school seniors and students who completed the California High School Proficiency Examination and are no longer in school:** Include all sophomore through senior year grades, excluding physical education and Reserve Officer Training Corps. If the General Educational Requirement test was taken in lieu of high school graduation, please post the test score here: \_\_\_\_\_

**\*College students, regardless of the number of units completed, calculate the current GPA using the following:**  
 - All college work completed before the application deadline, or  
 - All college work completed before the deadline, excluding nontransferable courses and courses not counted in computation for admissions.

**If a GPA or test score is not available:** A GPA or test score is not mandatory in order to be considered for this grant program. However, applicants who do not provide a GPA or test score will not receive points for this component. A GPA or test score represents up to 10 percent of the final score. Please check the box if appropriate:  **NO** GPA or GED test score is being provided.

By my signature, I hereby declare that the above information is true and correct to the best of my knowledge and belief.

Signature of School Official	Printed /Typed Name of Official		
Title of Official	Telephone #	Fax #	
School Name	Date		
School Mailing Address	City	State	Zip

**SECTION III: FINANCIAL NEED INFORMATION** - To be completed by a school official (please print or type)

Please enter the following information, based on the most current information available to the financial aid office, and enter the date of the 2007-2008 Student Aid Report (SAR) or date of verification used to provide this information.

Date of 2007-2008 SAR or verification used: \_\_\_\_\_ 2007-2008 Total Expected Family Contribution (EFC): \_\_\_\_\_  
 Parent(s)' Total Income (if student is dependent): \_\_\_\_\_ Independent Student's Total Income: \_\_\_\_\_

By my signature, I hereby declare that the above information is true and correct to the best of my knowledge and belief.

Signature of School Official: \_\_\_\_\_ Printed /Typed Name of Official: \_\_\_\_\_  
 Title of Official: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 School Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 School Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**State of California Information Practices Act of 1977 & Use of Your SSN**

State as well as federal law protects the individual's right to privacy in information pertaining to oneself. The State of California Information Practices Act of 1977 requires that the following information be provided to financial aid applicants who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. Maintenance of this information is authorized by Commission policy and the policies of the postsecondary institutions to which you are applying for aid. Furnishing the information requested on this form is mandatory. Failure to provide such information will delay and may even prevent your receipt of financial assistance. Information furnished on this form may be transmitted to the state and federal governments if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to them. The Executive Director of the Commission and the financial aid administrators at the institutions to which you are applying for financial aid are the officials responsible for maintaining the information contained on this form.

The SSN is used to verify your identity under record-keeping systems established prior to January 1, 1975, pursuant to authority of the Commission, The California State University, and the California Community Colleges contained in Title 5, California Administrative Code Section 4120, and authority of the Regents of the University of California under Article IX, Section 9 of the California Constitution.

The Commission and California public postsecondary education institutions, in compliance with federal statutes and the Equal Protection Clause of the California Constitution, do not discriminate on the basis of race, color, national origin, gender, sexual preference or physical disability in any of their policies, procedures, or practices. Inquiries regarding these equal opportunity policies may be directed to the Commission and to the financial aid office of the school or college to which you are applying.

### **Coordinator Responsibilities**

A Coordinator can be a member of the faculty or staff at the nominating school. Coordinators should ensure that all students have access to information about the Program. Application materials should be provided to all interested students. Institutions may nominate as many students as qualify. Please list your institution's Program nominees on the back of the enclosed Child Development Grant Program Coordinator Nomination Form (G-201).

#### **► Grade Point Average**

Your institution must calculate each applicant's grade point average according to the instructions provided in Section II on the back of the Child Development Grant Program Application (G-202).

#### **► Financial Aid Office Certification**

Section III, the Financial Need Information, requires certification from the financial aid office of the expected family contribution and total income amounts.

#### **► Application for Each Candidate**

When submitting your nomination packages to the Commission, be sure to include a completed Program Application (G-202) for each individual listed on the back of your Child Development Grant Program Coordinator Nomination Form (G-201).

### **Selection Process**

The Commission will select grant recipients each academic year from the nominees submitted. Scoring will be based on an applicant's demonstrated financial need and academic achievement, which may include high school grade point average, college grade point average or academic test scores. Grant recipients and ineligible applicants will be notified of their award status promptly.

### **Grant Disbursement**

Grant funds will be prorated by academic term and disbursed through the postsecondary institution's financial aid office. Receipt of this grant may affect other financial aid for the student.

### **Service Commitment**

Prior to receiving a payment, grant recipients will be required to sign a Service Commitment Agreement (Agreement). By signing the Agreement, the recipient commits to providing one year of service in a licensed children's center in California for each year they receive benefits. Upon obtaining a Permit, grant recipients must annually provide the Commission with evidence of compliance with the Agreement.

## *Filing Deadline*

All completed application materials must be postmarked no later than **June 29, 2007.**

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## Questions For the Commission?

If you have questions, please contact the Commission's Specialized Programs Operations Branch:



In writing at:

California Student Aid Commission  
Attn: Specialized Programs—Child Development  
P.O. Box 419029  
Rancho Cordova, CA 95741-9029



By telephone at:

(888) 224-7268, Option 3

By Fax at:

(916) 526-7977



By email at:

[specialized@csac.ca.gov](mailto:specialized@csac.ca.gov)

Web site:

[www.csac.ca.gov](http://www.csac.ca.gov)

## Need more applications?



On the Commission Web site, above, click on *Commission Programs*, click on *Child Development Grant Program*, then *2007-2008 Child Development Grant Program Application*.



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STUDENT AID  
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