Child Development

Make a difference in a young child's life—the child development grant program

CALIFORNIA STUDENT AID COMMISSION
1955—2005
50 YEARS SERVING STUDENTS

2005-06 Grant Program 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 2005-06 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
▶ Application

We appreciate your cooperation and look forward to another successful year.

Program Description

The Child Development Program is designed for students who:

▶ are attending California public or private, two-year or four-year postsecondary educational institutions,
▶ intend to teach or 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 budget approval.

The total amount a recipient may receive through the grant 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 2005-06 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.)
- 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

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 2005-06 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 1, 2005 to:

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

CALIFORNIA STUDENT AID COMMISSION

2005-06 Child Development Grant Program
Coordinator Nomination Form

	APPLICANT NAME	SOCIAL SECURITY NUMBER
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2005-2006 CHILD DEVELOPMENT GRANT PROGRAM APPLICATION

This application must be submitted to the Commission by your school and postmarked no later than JUNE 1, 2005.

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

1 LAST NAME | FIRST NAME | MIDDLE INITIAL

2 SOCIAL SECURITY #

3 ADDRESS | CITY | STATE | ZIP CODE

4 DATE OF BIRTH / /

5 TELEPHONE # ( )

6 ALTERNATIVE TELEPHONE # OR E-MAIL ADDRESS ( )

7 MY LONG TERM OBJECTIVE IS TO OBTAIN A CHILD DEVELOPMENT PERMIT FOR THE FOLLOWING LEVEL(S):

☐ Teacher ☐ Master Teacher ☐ Site Supervisor ☐ Program Director

8 NAME AND ADDRESS OF THE COLLEGE I WILL ATTEND DURING THE 2005-2006 ACADEMIC YEAR:

COLLEGE NAME | STREET ADDRESS | CITY | STATE | ZIP CODE

9 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

Eligible to Hold	Currently Hold		CTC Permit Date
☐	☐	None	
☐	☐	Assistant Teacher	Date: _____
☐	☐	Associate Teacher	Date: _____
☐	☐	Teacher (Regular)	Date: _____
☐	☐	Master Teacher	Date: _____
☐	☐	Site Supervisor	Date: _____
☐	☐	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 a permit or 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 recision 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: _____

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G-202 (Rev. 03-05) 2K

SECTION II: GPA VERIFICATION - To be completed by a school official (please print or type)

APPLICANT'S LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER

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.) ___ . ___ ___

*Calculate the student's GPA on a 4.00 scale to two decimal places Failing grades that have not been replaced prior to spring 2005 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 the 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 below if appropriate.

☐ NO GPA or test score GED 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 2005-06 Student Aid Report (SAR) or date of verification used to provide this information.

Date of 2005-06 SAR or verification used:_____ 2005-06 Total Expected Family Contribution (EFC):_____

Parent(s) Total Income (if student is dependent):_____ 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 the 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 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, sex 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 directly on 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 as to 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 your 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, but is not limited to, 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 requested 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 received 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 1, 2005.**

Questions For the Commission?

If you have questions, please contact the Commission's Specialized Programs 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 #3

By Fax at:
(916) 526-7977

By email at:
specialized@csac.ca.gov

Web site:
www.csac.ca.gov

Need more applications?

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

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