2011-12

Completed Renewal Applications must be postmarked by JUNE 15, 2011

Child Development Grant Program

RENEWAL APPLICATION

SECTION I: APPLICANT INFORMATION (please print or type)

Last Name	First Name	Middle Initial	Social Security Number

Home Address	City	State	Zip

Date of Birth (MM/DD/YYYY)	Home Phone ( )	Cell Phone ( )
/ /	E-mail Address:	

My long term objective is to obtain a Child Development Permit for the following level(s):

☐ Teacher ☐ Master Teacher ☐ Site Supervisor ☐ Program Director

2011-12 College of Attendance

College Name	Street Address	City	State	Zip

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 and list date issued.)*

Currently/Eligible to Hold	CTC Permit Issue Date	Currently/Eligible to Hold	CTC Permit Issue Date
☐ Assistant Teacher	Date:_____	☐ Master Teacher	Date:_____
☐ Associate Teacher	Date:_____	☐ Site Supervisor	Date:_____
☐ Teacher	Date:_____	☐ Program Director	Date:_____

☐ *None of the above*

By my signature I understand and agree that to be considered for continued participation in the program, I must:

- Maintain no less than half-time enrollment at an eligible California public or private two-year or four-year postsecondary education institution approved by the Commission on Teacher Credentialing (CTC) leading to a Child Development Permit;
- Maintain satisfactory academic progress as defined by my postsecondary educational institution;
- Complete coursework necessary to obtain the permit listed above within a CTC approved program.

Additionally, I understand that I must:

- Provide one year of services in a licensed child care center for every year I receive the Child Development Grant and will provide the Commission with evidence of compliance by completing an Employment Compliance Verification Form, as requested.

I declare under penalty of the laws of the state of California and the United States that I have examined this form and to the best of my knowledge and belief it 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. 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 Date

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.

Filing Deadline

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Questions for the Commission?

Please contact the Commission's Specialized Programs Operations Branch:

In writing:
California Student Aid Commission
Child Development Grant Program
PO Box 419029
Rancho Cordova, CA 95741-9029

By telephone: (888) 224-7268, Option 3
By Fax: (916) 464-8240

By e-mail: specialized@csac.ca.gov
Web site: **www.csac.ca.gov**