The goal of the Seattle Preschool Program (SPP) Scholars Tuition Support program (“SPP Scholars Program”) is to provide eligible SPP staff with the financial resources they need to meet or exceed SPP’s education standards.

Staff working in SPP classrooms who meet SPP education eligibility requirements and want to apply for tuition support funding must complete and submit this application to the Seattle Department of Education and Early Learning (DEEL). Please refer to the SPP education requirements document for more information on eligibility and the SPP Tuition support policy for information on the funding process.

APPLICATION DEADLINES

Applications are accepted year around, are reviewed, and awarded quarterly. Funding is contingent on availability. Continued support will be contingent upon the awarded SPP Scholar’s making successful progress in their chosen degree program.

- Fall Quarter – 5:00 pm, Friday August 30, 2017
- Winter Quarter – 5:00 pm, Friday December 30, 2017
- Spring Quarter – 5:00 pm, Friday March 30, 2018
- Summer Quarter – 5:00 pm, Friday May 30, 2018

COMPLETING THE APPLICATION

Please answer each question and submit this application with supporting documentation listed below by email to julius.moss@seattle.gov, or mail hard copies to:

City of Seattle
Department of Education and Early Learning
Attn: Quality Practice and Professional Development Unit
PO Box 94665
Seattle, WA 98124-6965

REQUIRED SUPPORTING DOCUMENTS

- Professional development plan approved by your supervisor and DEEL coach*.
- Evidence of existing MERIT-verified degrees and coursework (a print out of the MERIT Education Application and Verification page).
- Copy of the confirmation notice of approval or notice of denial emailed by Child Care Aware (CCA) of Washington for Early Achievers Bachelors Completion Degree scholarship or the CCA General Scholarship.

Other documentation if available – Course schedules, proof of matriculation from your college advisor (may use attached form), tuition receipts, and other itemized receipts for any expenses you may have already paid for such as books, parking passes, course related materials, and technology fees. * May submit a PD plan from the EA coach or DEEL Education Specialist if DEEL coach is not yet been assigned.

Incomplete applications and those missing required supporting documents will be returned to the applicant for completion.

ELIGIBILITY

Please check the box that describes you: (See attached SPP Education Requirements Policy or consult your SPP Education Specialist if you are not clear about your SPP Education eligibility)

☐ I work in an SPP classroom and currently MEET the SPP education standards for my job title. *

☐ I work in an SPP classroom and currently EXCEED the SPP education standards for my job title. *
*Please Note: If you currently MEET or EXCEED the SPP education requirements, you may not have priority access to tuition support through the SPP Scholars Program. However, please continue to fill out this application as you may be eligible for support through an alternate SPP-DEEL fund.

☐ I work in an SPP classroom and currently DO NOT MEET the SPP education standards for my current job title, and:
  ☐ I plan to pursue an Associate’s Degree in Early Childhood Education (for Assistant Teachers)
  ☐ I plan to pursue a Bachelor’s Degree in Early Childhood Education (for Lead Teachers)
  ☐ I plan to pursue a different degree pathway or coursework in Early Childhood Education, Educational Leadership or Business Management (for Directors and Program Supervisors)

☐ I currently MEET the SPP education requirements for my job title, and:
  ☐ I plan to pursue a Bachelor’s Degree in Early Childhood Education (for Assistant Teachers)
  ☐ I plan to pursue a Washington State Teaching Certification in Elementary Education with endorsement in Early Childhood Education, P-3 Early Childhood Education or P-3 Early Childhood Special Education (for Lead Teachers, Directors, and Program Supervisors)
  ☐ I plan to pursue a different degree pathway or coursework in Early Childhood Education, Educational Leadership or Business Management (for Directors and Program Supervisors)

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**APPLICANT INFORMATION**

Date: ________________________    STARS MERIT Provider#: ______________________

First Name: _____________________________________ Last Name: _________________________________

Primary Phone: _________________________________  Work Phone: ________________________________

Primary Email: __________________________________ Work Email: ________________________________

Mailing Address: ______________________________________________________________________________

City: ____________________________ State: __________ Zip code: ___________County: ___________________

You will receive program information and documents by email.

Do you have access to a computer? ☐ Yes ☐ No

Are you comfortable using email and the internet? ☐ Yes ☐ No

(Optional) Race / Ethnicity: Please let us know how you identified yourself in MERIT:

  Race:
  ☐ Asian/Asian American ☐ Hawaii Native /Other Pacific Islander/ ☐ White/European American ☐ Hispanic/Latino(a)
  ☐ Black/African American ☐ Native American/ Alaska Native ☐ Other ☐ Not Hispanic/Latino(a)

  Primary Language(s): ___________________________________________________ ____________________________

  Secondary Language(s): ______________________________________________________________________________

Are you a Washington State resident? (Have you lived in Washington State for 12 consecutive months?)

☐ YES ☐ NO

**Please Note:** Tuition support may not be enough to cover the full cost of tuition and fees, especially if the SPP Scholar is a non-resident or has not been a resident of Washington State for more than a year. Please follow up with your college to verify your residency status and how it impacts your tuition.
EMPLOYMENT INFORMATION

Agency / Site Name (example: ABC Agency @ XYZ Elementary School):

__________________________________________________________________________________________________________________________

Start date of employment at current child care facility: (month / year): __________________________________________________________

Current job title:

☐ Lead Teacher  ☐ Assistant Teacher  ☐ Director  ☐ Program Supervisor  ☐ Other: ______________________________

EDUCATION INFORMATION

Which college are you currently attending, or do you plan to attend? (If known)

__________________________________________________________________________________________________________________________

During which academic year will you enroll? (select one) Which quarter will you start? (select one)


Which Early Childhood Education (ECE) program are you currently pursuing or interested in pursuing? (Check a box below)

☐ Associate’s Degree in ECE  ☐ State Teaching Certificate in Elementary Education

☐ Bachelor’s Degree in ECE  ☐ Endorsement in Early Childhood Special Education

☐ Other: ______________________________  ☐ Endorsement in Early Childhood P-3 Education

Are you currently receiving other scholarships, grants, loans and/or financial aid? * ☐ Yes  ☐ No

If so, please list______________________________________________________________________________________________________

__________________________________________________________________________________________________________________________

*Please Note: The SSP Scholars Tuition Support program is the “payer of last resort” and provides tuition support after any other education grants or scholarships are applied. SPP Scholars are not expected to take loans to cover costs unless the college program they select exceeds the SPP Scholars Program $10,000 per year funding limit.

APPLICANT SATEMENT AND SIGNATURE

I, __________________________ (name), certify that the information that I have provided on my application is true and accurate. I have included all the information required to submit this application. Based on this information, I am applying for SPP Scholars Tuition Support from the Seattle Department of Education and Early Learning (DEEL).

Further, if I am awarded funding, I agree to maintain all eligibility requirements listed in DEEL’s SPP Scholars Tuition Support Program Policy. I understand that my personal and education information will be handled in accordance with federal and state law and hereby give consent to DEEL to share information on this application with DEEL staff, the administration of my selected college or university, and research firms contracted with DEEL to evaluate SPP. I understand that the SPP Scholars Tuition Support program will not discriminate based on any of the information I provide on this application.

__________________________________________________________

Applicant’s Signature

Date
DEEL’s SPP Scholars Tuition Support Program requires the participation of the SPP Scholar’s employing agency. Upon receiving the award notification, the SPP Scholar will receive a contract agreement with full details of all tuition support requirements. This contract will also be sent to the Scholar’s center director for approval and signature.

If an employee is awarded tuition support, the employing agency agrees to participate in the following ways:

1. The agency will provide 2 hours of release time for each week that the SPP scholar is in class. (Release time is the time an employee takes off from normal work hours to attend classes, register, study, complete assigned projects, etc.). Agency will be compensated at a rate of $15.00 per hour for each hour of release time not to exceed a maximum of $360 per quarter.

2. The agency will provide lead and assistant teacher salaries equivalent to, or exceeding, the hourly rates specified in their SPP contract. If a staff member changes classification (e.g., from “does not meet” to “meets” SPP’s educational standards) the agency may be entitled to an SPP contract payment increase to accommodate the staff salary requirement increase. Consult your SPP education specialist for more information about contract payment and salary details.

Please note: In the case that the center director is not authorized to make this decision, an authorized agency representative may complete this section.

By signing below, I attest that I understand and agree to requirements 1 and 2 above.

______________________________________________ _______________________________________________________
Center Director / Authorized Agency Representative Signature  Date

______________________________________________
Director / Authorized Representative Printed Name:

Contact Phone: _________________________________

Contact Email: _________________________________