

Good Beginnings Alliance Scholarship Application (2010)

Instructions: Fill out the application form completely. Please print clearly using blue or black pen. **Make sure you attach ALL required documents. *Any incomplete application will not be processed.*** If you have any questions, please call GBA at 531-5502 or our toll-free number at 1-866-531-5502.

- This box is for GBA use only.
- College/University verification
 - Transcript (unofficial) or
 - Acceptance letter
 - Field of study verification
 - Personal statement essay
 - Letter of Recommendation
 - Employment & Income
 - 20 hours/week
 - Min. 6 mo. of service
 - FCC: Monthly Income Statement

Date: _____

1. Name: _____

2. Female Male

3. I live on: Oahu Kauai Hawaii Maui Lanai Molokai

4. Country of Citizenship: USA Other _____

5. Mailing Address: _____
Street number or P. O. Box

City Zip

6. Phone: (H) _____ (W) _____ (C) _____

7. Primary Email (frequent use) : _____

8. How many years have you worked as an early childhood professional? _____ years

9. What type of early childhood program are you currently working in?

- Preschool Family Childcare Family Child Interaction Learning Leader
- Home Visitor Other _____

10. How did you find out about the GBA Scholarship? _____

REQUIRED DOCUMENTS MUST ACCOMPANY YOUR APPLICATION (If not attached, application is considered an INCOMPETED application:

- Copy of an unofficial transcript that includes the most recently completed term **OR** attach a copy of your acceptance letter which documents your major in early childhood, child development or related field.
- Personal statement essay (up to 500 words)
- Letter of recommendation from supervisor or college instructor familiar with your abilities (at least one)
- For Family Childcare Providers: Statement of monthly income/number of children in your care.

11. Education Information

High School	Dates Attended	Diploma? (circle one)		GED? (circle one)	
		Yes	No	Yes	No
College/University	Dates Attended	Major(s)		Degree or Credit Hrs	

12. Which degree are you working on? Associate Degree Bachelor Degree

13. Please tell us where you are, or will be attending school by checking one of the following:

I am currently attending:

- Hawaii CC
- Honolulu CC
- Kauai CC
- Maui CC
- UH West Oahu
- Chaminade
- Other _____

I have been accepted into:

- Hawaii CC
- Honolulu CC
- Kauai CC
- Maui CC
- UH West Oahu
- Chaminade
- Other _____

14. What semester are you applying for? (circle one): FALL SPRING Year: _____

15. Describe how far you have progressed toward the degree.

Total number of credits completed: _____

Total number of credits required for degree: _____

16. On a separate sheet of paper, please provide us with a brief personal statement essay, 500 words or less that describes:

- a. what your career goals are for the next five years, and
- b. how the degree you are seeking will help you achieve these goals

17. Please submit a letter of recommendation by a supervisor, employer or college instructor who best knows of your work and commitment to the early childhood field.

18. If you are working in an early childhood program, have your employer complete, sign and date the last page.

19. Family Childcare Providers must provide verification of employment: statement of monthly income/number of children in your care.

Income Verification

Instructions: Please complete, sign and date this section.

1. Have you applied for any other financial aid, FAFSA, student loans, Pell grants, scholarships, student loans?

YES- if yes, answer 2-3 below

NO

2. Source of financial aid#1 _____ Amount \$ _____

Date applied: _____ Application Status: Awarded Denied Pending

Please provide a copy of your acceptance letter if applicable.

3. Source of financial aid#2 _____ Amount \$ _____

Date applied: _____ Application Status: Awarded Denied Pending

Please provide a copy of your acceptance letter if applicable.

Statement and Signature of Applicant

I attest that the information I have provided is true and accurate to the best of my knowledge. If asked by GBA I agree to obtain and supply the additional documentation.

I understand that other financial assistance that I receive may reduce my scholarship from GBA as it is designed to help lighten my out of pocket expenses and the other financial aid may be applied to my tuition directly. I understand that if granted a GBA scholarship it will only cover the cost for up to 2 General Education classes, 100 level or higher. I also understand that if I am awarded a scholarship, I need to reapply for another scholarship and being awarded a scholarship does not automatically guarantee that I will receive another scholarship in the future.

I also give my consent to GBA to release any of the following information upon their request: enrollment status, billing account, financial aid, academic transcripts, and any other documents they may need to provide me with financial assistance.

I authorize GBA to use my name on any printed or electronic material disseminated by GBA to promote the program to the public.

Signature of Applicant

Date

Employment Verification

Instructions: Please have your program director complete the following information. Please make sure that he/she signs and dates the form at the bottom.

Name of Child Care Program: _____

Program Mailing Address: _____

Program Phone Number: _____ City _____ Zip _____
Program Fax Number: _____

Name of Employee (Applicant): _____

Employee's Current Position: _____

Employee's date of hire _____ / _____ / _____
Month Day Year

Age groups employee works with: _____

of children in employee's care _____

Employee's hourly salary: _____ Employee works _____ hrs/wk

Employee works: 12 month year (52 weeks/year) 9 month year (36 weeks/year)

Statement and Signature of Employer

I attest that the information I have provided is true and accurate to the best of my knowledge.

I authorize GBA to use my name on any printed or electronic material disseminated by GBA to promote the program to the public.

Signature of Employer

Date

Print Name

Employer's Title