



**Early Learning Coalition of Lake County  
Professional Development Reimbursement Program  
Program Application Form**



**FALL SEMESTER APPLICATIONS ARE DUE BY SEPTEMBER 30TH ANNUALLY**

**SPRING SEMESTER APPLICATIONS ARE DUE BY JANUARY 31ST ANNUALLY**

**PLEASE READ BEFORE SUBMITTING YOUR APPLICATION  
NO LATE APPLICATIONS WILL BE ACCEPTED.**

- ✓ **Complete each question on the application thoroughly. If you are intentionally leaving a space blank, put a dash.**
- ✓ **The Coalition reserves the right to disqualify all applications that are not filled out completely.**

**SECTION 1: PERSONAL INFORMATION**

Today's Date : \_\_\_\_\_ Semester (Circle One): Spring Fall Year: \_\_\_\_\_  
 First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
 Telephone: Home \_\_\_\_\_ Work/Cell \_\_\_\_\_ Email: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**Have you completed a Free Application for Federal Student Assistance (FAFSA)?** Yes \_\_\_\_ No \_\_\_\_

*All applicants must attach the FAFSA and award letter.*

Are you receiving any other financial aid or scholarships? Yes \_\_\_\_ No \_\_\_\_ **List ALL aid that you are receiving.**

Pell Grant: \$ \_\_\_\_\_ Bright Futures: \$ \_\_\_\_\_ Scholarships - Name: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Others: \_\_\_\_\_

Are you in default of any Federal Student Loans: Yes \_\_\_\_ No \_\_\_\_

Have you ever applied for the Professional Development Reimbursement Program? Yes \_\_\_\_ No \_\_\_\_

Have you ever received Professional Development Reimbursement funds before? Yes \_\_\_\_ No \_\_\_\_

**SECTION 2: EDUCATION INFORMATION** **IMPORTANT:** All applicants must be an Early Childhood Degree seeking student.

What is your cumulative GPA: \_\_\_\_\_ Submit supporting documentation.

Total number of classes taking this semester: \_\_\_\_\_

Educational Institution Name: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Educational Institution Address: \_\_\_\_\_ Educational Institution Phone: \_\_\_\_\_

Course(s) Information: (Please list the information for course(s) that you are seeking reimbursement.)

<u>Course(s) Title:</u>	<u>Course(s) Dates:</u>	<u>Campus Location:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Anticipated Graduation Date: \_\_\_\_\_ Degree Seeking: AA \_\_\_\_\_ AS \_\_\_\_\_ AAS \_\_\_\_\_

BA \_\_\_\_\_ BS \_\_\_\_\_ BAS \_\_\_\_\_ (Early Childhood Track) \*Major/Minor/Track: \_\_\_\_\_

**SECTION 3: EMPLOYMENT INFORMATION** **IMPORTANT:** All applicants must be employed with a Lake County Early Education Provider.

Employer Name: \_\_\_\_\_ Director/Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Hours per week : \_\_\_\_\_ What age group(s) of children do you primarily work with? \_\_\_\_\_

How long have you worked in the Early Childhood Education (ECE) Profession? \_\_\_\_\_

Please list previous ECE employment for past 3 years (Please note: Must include employment working with children birth to 5):

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For additional employment history, please attach a separate piece of paper.

***PLEASE TELL US WHY YOU DESERVE TO BE AWARDED TUITION REIMBURSEMENT:***

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*The Coalition would like to fund all Professional Development Reimbursement requests; however no applicant should assume they will receive reimbursement simply because they applied. If you have any questions regarding this application, please call 352-435-0566.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***By signing this application, you are authorizing the Early Learning Coalition of Lake County to have access to all your records that the accredited educational institution has on file.***