

Training Scholarship Application

Instructions and Policies to follow:

- This form must be completed and returned to Child Care Partners, **at least 2 business days before date of training.**
- If unable to attend a training that you have been awarded, you **MUST notify Child Care Partners and Student Services** at CGCC to drop your registration.
- Students who receive a scholarship and “do not attend” and did not drop the training in advance, will have any future scholarship requests carefully considered before approval.
- **Forms must be complete and signed.** You will receive notice by phone or email if your application has been accepted. Scholarships are only available for trainings sponsored by Child Care Partners.

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

NAME OF CHILD CARE FACILITY: _____

- TYPE OF CARE:
- Registered Family Child Care
 - Certified Family Child Care
 - Center
 - Preschool
 - Exempt Care: Family Child Care Center Nanny K-3
 - DHS Listed

OREGON REGISTRY STEP: _____

TRAINING / CLASS NAME: _____

DATE & TIME OF TRAINING / CLASS: _____

--Turn page over and complete page 2--

WHY YOU ARE REQUESTING A SCHOLARSHIP:

HOW YOU WILL USE THE INFORMATION RECEIVED IN THE TRAINING:

Applicant Signature

Date

--- For Child Care Partners use only ---

Date Received _____ Date approved _____ CCP Staff _____

Date to Student Services _____ Date to Business Office _____

Date applicant was called _____ CCP Staff _____

Accounting Code _____

