



ECC Stipend Application

Please Select one: Spring Semester _____ Summer Semester _____ Fall Semester _____

Name: _____

Home Address: _____

City _____ Zip Code _____ Home Phone Number _____

Name of employer (Home or Center) _____

Employer Address: _____

Employer Phone Number: _____

Contact Person: _____ Length of employment: _____

Years of experience in the Early Childhood field: _____

How many ECE classes have you taken from September 1st, 2018. Through August 31st, 2019?

_____ What college(s) did you complete ECE classes? _____

What is your education plan? (Select One)

AGS/AAS degree _____ BA/BS degree _____ Director Qualification _____

Do you have an early childhood credential? _____ If so, what level? _____

Renewal date _____ Have you attended college before? _____

Have you earned a college degree? _____

If yes, what degree/major have you obtained? _____

Please attach:

***Unofficial transcripts from any colleges you completed ECE classes from September 1, 2019 through August 31, 2020.**

***Copy of current credential certificate**

***Completed W-9**

Applicant Signature

Date

Please return application to: The Early Childhood Council of Yuma, Washington and Kit Carson Counties PO Box 450, Yuma, CO 80759 or email to cstrait@eccywkc.org