



LOOK FOR THE STARS  
EARLY CHILDHOOD EDUCATION  
SCHOLARSHIP APPLICATION



On behalf of the Quality Child Care Council, the Early Learning Coalition of Sarasota County is pleased to offer all directors, teachers and family child care providers working at sites that are participating in the Look for the Stars Quality Improvement System the opportunity to apply for early childhood education scholarships.

- ❖ Coalition scholarships will be available to cover the cost of early childhood courses at:
Sarasota County Technical Institute (SCTI)
Manatee Community College (MCC)
University of South Florida (USF)
❖ Coalition scholarships may be used to pursue early childhood credentials at all levels from a Florida Child Care Professional Credential (FCCPC) to a Masters degree.
❖ Coalition scholarships may be used only after you have applied for all other scholarship opportunities that may be available to you, such as TEACH and Pell Grants.
❖ Coalition scholarships will include associated course expenses such as lab fees
❖ Coalition scholarships for USF and SCTI will be limited to one course per applicant per semester/quarter. Additional scholarships may be requested each semester/quarter with the submission of transcripts. MCC scholarships will be limited to one class at a time.

Applicant Contact Information:

Applicant Name (please print): \_\_\_\_\_ Phone #: \_\_\_\_\_
Applicant Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
E-mail Address: \_\_\_\_\_ How many years in early childhood education? \_\_\_\_
Position: FCCH Owner \_\_\_\_ Director \_\_\_\_ Teacher \_\_\_\_ Ass't. Teacher \_\_\_\_ Aide \_\_\_\_

Place of Employment (Family Child Care owners do not need to complete information that is the same as above):

Site Name: \_\_\_\_\_ Reference: \_\_\_\_\_
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
E-mail Address: \_\_\_\_\_ How many years at this site? \_\_\_\_\_

Scholarship Requested for: SCTI \_\_\_\_ MCC \_\_\_\_ (MCC G#: \_\_\_\_\_) USF \_\_\_\_

Course: \_\_\_\_\_ Degree/Credential track: \_\_\_\_\_

TEACH Program Information: MUST BE COMPLETED FOR APPLICATION TO BE PROCESSED

Date applied: \_\_\_\_\_ Approved: \_\_\_\_ Denied \_\_\_\_ Reason Denied: \_\_\_\_\_

Career track approved for by TEACH: \_\_\_\_\_

Classes taking through TEACH Scholarship: \_\_\_\_\_

The Coalition will notify you of scholarship approval and give you specific information on how to complete the enrollment process for the institution you selected.

Applicants MUST complete the enclosed ELC release form. If you are requesting a scholarship to MCC, you must complete the MCC Third Party Release form. All release forms MUST BE returned it with this application.

Incomplete applications may delay approval.

Contact Valerie Walton at 954-4830 ext. 6 with any questions about the process.

Submit application to: The Early Learning Coalition, 1750 17th Street, Unit K-1, Sarasota FL 34234 or fax to 954-4831.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please make a copy for your records.



Early Learning Coalition of Sarasota County  
Release of Information Form

I, \_\_\_\_\_, hereby grant the Early Learning Coalition of Sarasota County the right and permissions to obtain the following information from the selected institution for the purpose of receiving scholarship funding for early education courses.

- Transcripts
- Courses completed
- Course grades

Please check the appropriate school:  
 MCC     SCTI     USF

Please complete:

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
(if already enrolled)

Student Address: \_\_\_\_\_ City: \_\_\_\_\_

Student Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

This release is valid for one year from the signature date.

**Staff Use only:**

\_\_\_\_\_  
Staff Signature:

Date submitted to school: \_\_\_\_\_

1750 17<sup>th</sup> Street, Unit K-1  
Sarasota, FL 34234  
941-954-4830 / Fax 941-954-4831  
[www.earlylearningcoalitionsarasota.org](http://www.earlylearningcoalitionsarasota.org)



**FERPA THIRD PARTY RELEASE FORM**

**Manatee Community College  
Registrar Office  
Student Services Center  
Building 1, Suite 146  
Bradenton, FL 34207**

**Manatee Community College  
Registrar Office  
Administration Building  
Building 100  
Venice, FL 34293**

**SELECT THE FOLLOWING THAT CAN BE RELEASED:**

- Transcript
- Grade Point Average (GPA)
- Credit Hours Completed
- Academic Standing
- Other (please specify) \_\_\_\_\_

This release is valid from the date signed to \_\_\_\_\_ (mm/dd/yy)

Please indicate the purpose of this request:

\_\_\_\_\_  
\_\_\_\_\_

**Information to be released to:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

This listed above person is identified as:

Parent                       Spouse                       Other: \_\_\_\_\_

**PLEASE READ CAREFULLY:**

I hereby grant **Manatee Community College**, their legal representatives and assigns, the right and permission to disclose the above noted information to the agency/individual listed above. I understand that this form authorizes **Manatee Community College to disclose personally identifiable information from my educational record** to a third party and I release Manatee Community College, its employees, officers and trustees, from any liability for acting in accordance herewith.

Student: \_\_\_\_\_ MCC ID: G00 \_\_\_\_\_  
                    Print Name (First, M.I., Last)

Student Address: \_\_\_\_\_

Student Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

<b>STUDENT'S SIGNATURE</b> (or Guardian's Signature if student under age 18)	<b>DATE</b>
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