**Education Gap Grant for Early Childhood Educators Application**

The Education Gap Grant for Early Childhood Educators offers grant funds to early childhood educators who are seeking additional early childhood education credentials and need a small amount of funding to fill a financial “gap” to reach their goal. Early childhood educators may request up to $1000 to address a financial barrier to continuing education. Launched in November 2022, this program is generously funded by an anonymous donor.

After your application is complete, it will be reviewed by a review committee, and you will receive a decision notification within four weeks. All decisions are final. Awardees are required to complete a funding report after funds are expended. This funding report will be due *no later than six months* after the grant is given.  VTAEYC will provide a reporting template to awardees and will request documentation that the funds were used as intended. Awardees must complete a report to be eligible for any future grants. Upon completion of the funding report, recipients receive a one-year NAEYC/VTAEYC membership at no cost to them to support continued growth within the early childhood education field.

This application can be submitted by emailing a copy to pdsupports@vtaeyc.org. If you have questions about filling out your application, please reach out to pdsupports@vtaeyc.org or view [the Education Gap Grant for Early Childhood Educators Guidelines.](https://www.vtaeyc.org/wp-content/uploads/2022/11/Education-Gap-Grant-for-ECEs-Guidlines.pdf)

**First Name:** Click or tap here to enter text. **Last Name:** Click or tap here to enter text.

**Job Title:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.

**Mailing Address:** Click or tap here to enter text.

**City:** Click or tap here to enter text. **State:** Click or tap here to enter text.

**Zip Code:** Click or tap here to enter text. **County:** Click or tap here to enter text.

**Telephone Number:** Click or tap here to enter text.

**BFIS Number:** Click or tap here to enter text.

[ ]  **By clicking this box, I give permission for VTAEYC staff to verify my information in the Bright Futures Information System.**

**Program Information**

**Name of Childcare Program:** Click or tap here to enter text.

**Program License Number:** Click or tap here to enter text.

[ ]  **Licensed Center Based Child Care Program**

[ ]  **Registered or Licensed Family Child Care Program**

**Address:** Click or tap here to enter text.

**City:** Click or tap here to enter text. **State:** Click or tap here to enter text.

**Zip Code:** Click or tap here to enter text. **County:** Click or tap here to enter text.

**Telephone Number:** Click or tap here to enter text.

**Demographic Information**

**Gender:** Choose an item.

**Race:** Choose an item.

**Ethnicity:** Choose an item.

**Education Information**

**Current Educational Level (check the highest level achieved):** Choose an item.

**If Applicable, Title of your Degree:** Click or tap here to enter text.

**If Applicable, Date of Completion:** Click or tap to enter a date.

**Do you have a Northern Lights Early Childhood Career Ladder Certificate? (Check highest level achieved)**

[ ]  **Not Currently**

[ ]  **Level I**

[ ]  **Level II**

[ ]  **Level IIIA**

[ ]  **Level IIIB**

[ ]  **Level IVA**

[ ]  **Level IVB**

[ ]  **Level VA**

[ ]  **Level VB**

[ ]  **Level VI**

[ ]  **Director Credential Step 1**

[ ]  **Director Credential Step 2**

[ ]  **Director Credential Step 3**

[ ]  **VT Afterschool Essentials**

[ ]  **VT Afterschool Professional**

[ ]  **VT Afterschool LEAD**

**Funding Request**

**What is the amount you are requesting, up to $1000?:** Click or tap here to enter text.

**What are you requesting funding for?**

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**What educational and/or professional goal will this funding support?**

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**Have you sought other funding sources to support this need? If yes, what was the outcome? If no, please explain why.**

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**Documentation of Need for this Financial Barrier:**

This documentation needs to show that other funding sources do not meet the financial need with as much of the following as possible: receipts, invoices, financial aid statements, childcare bills. Please attach corresponding documentation and offer a short explanation below:

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**How did you hear about this program?** Choose an item.

**Application Certification**

[ ] I certify that I am the person applying for Education Gap Grant for Early Childhood Educators and that I have read the complete application. I declare that all the information provided is true and correct. I authorize VTAEYC to contact employers to verify the accuracy of the information contained in this application.

By typing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

**Name:** Click or tap here to enter text. **Date:** Click or tap to enter a date.