

MQC Workforce Pathways 2023-2024 Academic Award Eligibility Form



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If you are unable to check both boxes above, you do not qualify for the MQC Academic Award Program

- ☐ I am employed in an eligible* Early Care and Education program that participates in Marin Quality Counts
- ☐ I am working towards attainment of a CA Child Development Permit ct an AA or BA Degree in ECE or Child Development or enrolled in a Credential Program for a Multiple Subject Teaching Credential

*Eligible sites include Head Start, Early Head Start, Title 5, Family Child Care Home Education Network Providers, Sites that receive Alternative Payment Program or CalWorks vouchers/funding.

If you are able to affirm the above statement, please continue by checking each of the following boxes certifying that you meet and understand all of the eligibility requirements of the Marin Quality Counts (MQC) Academic Award Program.

- ☐ I understand that in order to be ct in the MQC Academic Award Program, I must submit the following items:
 - o Complete the **Online** Application form through the **CA Workforce Registry** website
 - o A signed MQC Eligibility Form
 - o A signed Release and Exchange of Information
 - o A signed W-9 Form
 - o A Student Education Plan and Goals Form, signed by your college counselor, with a copy of current Student Education Plan. Please contact Tanya Taylor at ttaylor@marinschools.org if you do not have a college counselor
 - o Current transcripts verifying coursework taken to date
- ☐ I understand that it is highly recommended that college courses be approved prior to enrollment by the ECE Professional Growth Advisor at MCOE to ensure that coursework meets program requirements.
- ☐ I understand that ____ academic units with a grade of C or better are accepted. Units must be academic and/or degree applicable. CEUs are not accepted.
- ☐ I understand that I am required to meet with the MCOE ECE Professional Growth Advisor twice yearly to create and update my Professional Development Plan or provide a copy of a Professional Growth Plan or Student Education Plan twice yearly to the MCOE ECE Professional Growth Advisor
- ☐ I understand that I must submit transcripts by _____ to verify successful completion of 1.0 to 6.0 academic units.
- ☐ I understand that I must complete an Annual Academic Survey by _____.
- ☐ I understand that I must be continuously employed for at least 9 months in a Marin Quality Counts ECE classroom/program at the time I receive my award.
- ☐ I understand that I may not receive the full amount of the award that I qualify for if there are insufficient funds available to pay all eligible applicants.
- ☐ I understand that I am responsible for all costs incurred for college courses.
- ☐ I understand that awards are taxable income. Taxes will not be withheld from this stipend award and are the responsibility of the recipient.
- ☐ I understand that awards may be denied, withdrawn, or withheld in the future if any information reported is found to be intentionally misleading or inaccurate.
- ☐ I authorize the MQC Academic Award Program to use the included information for the purpose of determining my eligibility for the program and reporting.
- ☐ I state that all of the submitted information is correct and understand that if I do not satisfy all of the requirements for any reason, I will not be eligible for the award.



Marin Quality Counts Employer Verification Form

EMPLOYER VERIFICATION

To be completed Supervisor/Director. Please Print or type.

VERIFICACIÓN DEL EMPLEADO

Para ser llenado por el Supervisor/Director de su programa. Por favor escriba o imprima.

EMPLOYER (Name of Agency):

SCHOOL SITE NAME:

CLASS NAME/NUMBER:

ADDRESS:

CITY:

ZIP CODE:

SUPERVISOR/DIRECTOR'S NAME:

PHONE NUMBER:

EMPLOYMENT START DATE:

Monthly salary or hourly wage:

EMPLOYEE'S JOB TITLE:

Hours worked weekly:

I certify that this applicant is currently employed in the above-mentioned Early Care and Education classroom/program and works directly with children. I have approved their plan for Professional Learning and agree that it meets our program/agency requirements and need for professional learning and will support the applicant's continued growth as an educator for young children.

Supervisor/Director's Printed Name

Supervisor/Director's Signature

Date

Release and Exchange of Information

A Student Consent for Release and Exchange of Information

Date:



Identifying Information

Student:

Date of Birth:

Authorized Recipients and Disclosers with the following Agency

Agency: ECE Department, Marin County Office of Education

Authorized Recipients and Disclosers:

College of Marin and Counseling Department

Santa Rosa Junior College and Counseling Department

Contra Costa Community College and Counseling Department

Sonoma State University and Counseling Department

CSU East Bay and Counseling Department

Other College and Counseling Department:

Other College and Counseling Department:

Purpose/Limitations on Use

I understand that the purpose of the release and exchange is to provide information to assist the Marin County Office of Education ECE Professional Growth Advisor in determining completion of requirements for the student's participation in Marin Quality Counts' Workforce Pathways Development Academic Award program.

Amount/Kind of Information

The information to be released and exchanged shall include educational information, such as Student Education Plans, Student Goals, Student ID numbers and Student Grades.

Expiration/Revocation

I understand that I may revoke this consent at any time except to the extent that action has been taken on it, and that in any event, this consent expires one year from the date signed.

Consent

I hereby give my permission for the agencies/individuals/colleges/departments listed above to exchange information regarding the above-named student.

Signature

Date

Print or Type Name

Please keep a copy for yourself and send the original to:

Tanya Taylor, ECE Department
Marin County Office of Education
1111 Las Gallinas Avenue
San Rafael, CA 94903



MQC Academic Award Program
Student Education Plan and Educational Goals Form

The student providing this form is an applicant for the Marin Quality Counts Academic Award Program which is funded by the CA Workforce Development Pathways grant. Eligible participants are required to successfully complete 1.0 to 6.0 academic units towards a Degree or CA Child Development Teacher Permit attainment. In addition, they are required to submit a Professional Development or Student Education Plan with their professional and educational goals. Participants successfully completing units with a grade of C or better and providing their Student Education Plan and goals will receive a monetary academic award at the end of the school year.

Your support is greatly appreciated. For questions, please contact Tanya Taylor at ttaylor@marinschools.org or (415) 491-6609.

To be completed and signed by the Student's College Counselor		
Student's First Name	Student's Last Name	Student's Middle Initial
Student Enrollment Date	Date of Birth	
Name of College	Student ID Number	
College Counselor's Name		
College Counselor's Work Phone	College Counselor's Email	
Student's Declared Major		
Student's Educational Goals (mark all that apply): <input type="checkbox"/> AA/AS Degree <input type="checkbox"/> BA/BS Degree <input type="checkbox"/> Complete coursework to obtain <u>first</u> CA Child Development Permit <input type="checkbox"/> Complete coursework to obtain <u>higher level</u> CA Child Development Permit <input type="checkbox"/> Complete coursework to meet job requirements <input type="checkbox"/> Other: <input type="checkbox"/> Other:		
Date of most recent appointment with Student	Student should contact counselor for next appointment by (Month/Year):	
College Counselor Signature	Date	

Please send this completed form and a copy of the Student's Education Plan to:

Tanya Taylor, ECE Professional Development Advisor
Marin County Office of Education
1111 Las Gallinas Ave, San Rafael, CA 94903
ttaylor@marinschools.org
(415) 491-6609

*Deadline is December 31, 2023