

# Professional Career Pathway Project College Tuition Application

- The applicant **must currently be working with children birth to five years of age in a family child care home, group home, or child care center**. Preference will be given to applicants who work in a facility which contracts with DES. If DES certified, please attach a photocopy of the DES Certificate. If DHS certified, please attach a photocopy of the DHS Certificate.
- To remain eligible for continued PCPP funds, the student must complete approved courses with a "C" or better. Courses dropped past the add/drop period, and courses not successfully completed with a "C" or better, must be paid for by the student in order to resume eligibility.
- If you currently receive any financial aid, you may not qualify for the PCPP Program.

## Applicant Information

CHECK ONE:

PLEASE PRESS FIRMLY

New Student to the PCPP Program

Continuing Student to the PCPP Program

Date of Application:

<p><b>Career Pathway:</b> <i>(Employment Eligibility)</i></p>	<p><b>Family Child Care Pathway:</b></p> <p><input type="checkbox"/> NAFCC Accreditation <input type="checkbox"/> CDA Credential <input type="checkbox"/> Certificate of Completion</p> <p><b>Specialization:</b></p> <p><input type="checkbox"/> Family Child Care <input type="checkbox"/> ECE Certificate</p>	<p><b>Center-based Care Pathway:</b></p> <p><input type="checkbox"/> Certificate of Completion      - OR -      <input type="checkbox"/> CDA Credential</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Specialization:</b></p> <p><input type="checkbox"/> Infant/Toddler    <input type="checkbox"/> School-Age <input type="checkbox"/> Preschool          <input type="checkbox"/> Management <input type="checkbox"/> ECE Certificate</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>Specialization:</b></p> <p><input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> Home Visitor</p> </td> </tr> </table>	<p><b>Specialization:</b></p> <p><input type="checkbox"/> Infant/Toddler    <input type="checkbox"/> School-Age <input type="checkbox"/> Preschool          <input type="checkbox"/> Management <input type="checkbox"/> ECE Certificate</p>	<p><b>Specialization:</b></p> <p><input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> Home Visitor</p>
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Name (please print): <input style="width: 100%;" type="text"/>				
Social Security Number: <input style="width: 150px;" type="text"/>		Student ID#: <input style="width: 100px;" type="text"/>		
Home Address: <input style="width: 100%;" type="text"/>				
Mailing Address: <input style="width: 100%;" type="text"/>				
City, County, & Zip Code:    City <input style="width: 100px;" type="text"/> County <input style="width: 100px;" type="text"/> Zip <input style="width: 50px;" type="text"/>				
Home Telephone Number: (    ) <input style="width: 100px;" type="text"/>				
<b>Employment Type:</b>	<i>Check One:</i> <input type="checkbox"/> Child Care Center	<input type="checkbox"/> Family Child Care Home <i>DES Certified: Yes / No (circle one)</i>		
		<input type="checkbox"/> Family Group Home <i>DHS Certified: Yes / No (circle one)</i>		
Employer Name & Address:    Name <input style="width: 150px;" type="text"/>		Address <input style="width: 150px;" type="text"/>		
City, County, & Zip Code:    City <input style="width: 100px;" type="text"/> County <input style="width: 100px;" type="text"/> Zip <input style="width: 50px;" type="text"/>				
Telephone Number: (    ) <input style="width: 100px;" type="text"/>				

**For All Applicants:** Your signature is **required** to verify understanding of eligibility and the accuracy of the above information. I verify that the above information is accurate: \_\_\_\_\_

(Applicant Signature)

Semester Enrolling:		Fall	Spring	Summer	OE/CX	Year: <input style="width: 50px;" type="text"/>
Course No.	Course Title	# of Credits	College	Instructor's Name	College Representative's Signature	

**Please return ALL copies of this form to:**

**Central Arizona College, Early Care and Education Program, 8470 N. Overfield Rd, Coolidge, AZ 85228**

Please return all copies of this form for approval prior to completing the registration process at your college of choice.

<b>PCPP Approval Signature and Authorized Costs:</b>		<b>Approval Date:</b>	
<b>Tuition:</b>	<b>Fees:</b>	<b>Textbook Stipend:</b>	<b>TOTAL:</b>
<p><b>To the collaborating college:</b> Please accept this approved PCPP Application and the authorization to bill Central Arizona College, Early Care and Education Program, for the tuition/fees and authorized costs for textbooks (\$10 per credit hour) for the above listed student.</p>			