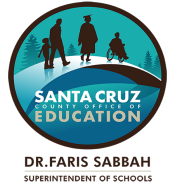




**QCC Workforce Development Pathway Program**  
**Santa Cruz County Office of Education**  
**Childhood Advisory Council**



**EDUCATIONAL AWARD & PARTICIPATION APPLICATION**

Mailing Address/Office: 400 Encinal St., Santa Cruz, CA 95060

Phone: (831) 466-5822 or Email: [dmunoz@santacruzcoe.org](mailto:dmunoz@santacruzcoe.org) or [mtursic@santacruzcoe.org](mailto:mtursic@santacruzcoe.org)

- To participate in this program you must work for a licensed child care program that accepts child care subsidy funding such as Voucher, CalWORKS, state or federal child care programs.
- Applications are twice yearly: September-December and January- June
- Submit a complete and signed application and W-9 to the Childhood Advisory Council.
- Documents can be submitted by mail or as an attachment to the email above. Pictures of documents will not be accepted due to size and blurred discrepancies when received.

| Section 1: Applicant Information                                    |                                                   |                                       |
|---------------------------------------------------------------------|---------------------------------------------------|---------------------------------------|
| Last Name                                                           | First Name                                        | Middle Name                           |
| Social Security Number (Required)                                   | Date of Birth                                     | Current Child Care permit?<br>YES/ NO |
| Home Address or P.O. Box (The place you would like your check sent) |                                                   | Apt. or Space #                       |
| City                                                                | State                                             | Zip Code                              |
| Work Phone (The number at work)                                     | Home Phone                                        | Cellular Phone                        |
| Email Address (Required please print clearly.)                      | What type of degree are you aspiring to complete? |                                       |

| Section 2: Current Employment and Workforce Registry Information |                                                  |                         |
|------------------------------------------------------------------|--------------------------------------------------|-------------------------|
| Name of the program you're currently working at (Actual site).   | Program License Number (Required)                |                         |
| Address of Center (Actual site)                                  |                                                  |                         |
| City                                                             | State                                            | Zip code                |
| Director's Name                                                  | Agency's Name                                    | Director's Phone Number |
| Workforce Registry Number (Required)                             | Valid Permit Number (if required for employment) |                         |

**Applicant's Certification**

"I hereby certify that the above information in Sections 1 and 2 of this document are true and correct to the best of my knowledge."

**Applicant's Signature (Required)** \_\_\_\_\_ Date \_\_\_\_\_

Diane Munoz, Childhood Advisory Council - Community Organizer: \_\_\_\_\_