



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

- To participate in this program you must be working for a licensed child care program that accepts child care subsidy funding such as Voucher, Cal WORKS, state or federal child care programs.
- Applications are twice yearly: September-December and January- June
- Please fill out an application in ink and submit a signed W-9 and required transcripts, grades and receipts for all costs associated with course work are required to process your application. Do not send pictures of applications via email.

Section 1: Applicant Information

Last Name	First Name	Middle Name
Social Security Number (Required)	Date of Birth	Current Child Care permit? 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, Permit and Workforce Registry Information

Provide employment 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: _____