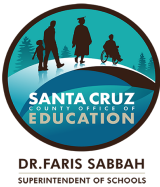




QCC Workforce Development Pathway Program
Santa Cruz County Office of Education
Childhood Advisory Council



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 work for a licensed child care program that accepts child care subsidy funding such as Voucher, Cal WORKS, state or federal child care programs.
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.
Applications are twice yearly: September-December and January- June

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 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: _____