



Child Care Enhancement CCEP Scholarship Application

VALID September 1, 2006 to July 30, 2007.

Qualifications:

- Must be enrolled in the CCEP grant either in the participating group or the Comparison Group as a provider or a staff member.
- Must be registered with CCD as a Family Child Care, Certified Family Child Care, Center, or be an employee for one of these.
- Training must be in the core knowledge categories and or approved by CCEP Coordinator.
- Must be registered with the Child Care Resource and Referral Agency

Reimbursement Procedures:

- Fill out this form completely to obtain APPROVAL for funding through Lane Family Connections at least 10 days prior to attending training session.
- We can do purchase orders for CARE Courses that will help you move up in the Oregon Registry. The material will be mailed to LFC and then given to each individual. You must turn in a completed certificate within 90 days or upon completion.
- All other training must be paid for by the provider. With prior approval, reimbursement will occur after the training has been completed by the provider. These are classes NOT sponsored by LFC.
- Reimbursement will occur after the original receipts and a copy of the completion for the training have been submitted to LFC. Reimbursement checks will be distributed according to Lane Community College financial department process and timelines.
- **Reimbursement is for tuition up to \$200 per person, or until funds are exhausted.**
- Funding is available on a first come first served basis until funds are exhausted or until July 2007.

(Please print or type)

Name: _____
first
middle
last
Date of birth
social security or L#

Address: _____
street
city
state
zip
phone

Current position: Family Child Care Group Home Child Care Center (specify where _____)

Training you are planning to attend) include class/workshop title, date, location, and instructor or sponsor)

Reimbursement request for: Tuition Total \$ _____

I agree to submit original receipts and copy of certificate of completion for reimbursement to Lane Family Connections **within two weeks from completion of training.**

Applicant signature _____ Date: _____

For Office Use Only

Date LFC received: _____
 Date approved: _____
 Receipts returned: _____
 Sent to Fin. Svcs: _____
 Log #: _____

Please indicate (for statistics only)

____ Asian Amer/Pacific ISL
 ____ Euro-American
 ____ Middle Eastern
 ____ African American
 ____ Latino/Chicano
 ____ Native American
 ____ Other

Mail or Bring to:

Lane Family Connections
 Lane Community College
 4000 E 30th Avenue
 Eugene, OR 97405