

**MARYLAND STATE DEPARTMENT OF EDUCATION**  
 DIVISION OF EARLY CHILDHOOD ● OFFICE OF CHILD CARE

Email: credentialocc.msde@maryland.gov

**CHILD CARE CAREER AND PROFESSIONAL DEVELOPMENT FUND**

**INSTRUCTIONS:** Complete this application form and mail it with **all** documentation to the Office of Child Care (OCC) at the above address. **Complete all information in the spaces provided.** All applications must be accompanied by required documentation. Incomplete applications **will not** be processed.

Applicant's Name: \_\_\_\_\_  
 (Please print or type) Last First Middle Maiden

Social Security #: \_\_\_\_\_ Date of Birth (mo/day/yr): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Number Street Apt. # (if applicable) City State Zip Code

Daytime Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

I am a: (Check the appropriate box.)

I am a Family Child Care Provider, registration #: \_\_\_\_\_ (attach copy of current registration)

I work in a Child Care Center: Position: \_\_\_\_\_ Age Group(s): \_\_\_\_\_

Center Name \_\_\_\_\_, License #: \_\_\_\_\_

Address \_\_\_\_\_  
 Number Street City State Zip Code

Name of CCCPDF Participating College: \_\_\_\_\_

Type of Degree:  Associate  Bachelor Course of Study/Major: \_\_\_\_\_

Enrollment: Month \_\_\_\_\_ Year \_\_\_\_\_ Projected graduation: Month \_\_\_\_\_ Year \_\_\_\_\_

| APPLICATION TYPE:   | <input type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> TRANSFER TO 4-YEAR COLLEGE  |
|---|---|
| REQUIREMENTS  | REQUIRED DOCUMENTATION:   |
| <b>Employment in child care – at least one year of child care experience AND work at least 10 hours per week.</b> | <ul style="list-style-type: none"> <li>Family child care providers - A copy of current registration certificate.</li> <li>Child care center employees – Signed letter from current employer indicating, hire date, position, number of hours per week and age group.</li> </ul>   |
| <b>Maryland Child Care Credential at Level Two or higher.</b>   | <ul style="list-style-type: none"> <li>Copy of <b>current</b> Maryland Child Care Credential certificate.</li> </ul>  |
| <b>College enrollment toward a degree in early childhood education or related field</b>                           | <ul style="list-style-type: none"> <li>Letter or other documentation of acceptance from a participating college located in Maryland</li> <li>Professional development plan – list of courses and timeline required for degree completion.</li> <li>A copy of CURRENT college transcript for courses completed<br/><b>(Continuation Only)</b></li> </ul> |

**STATEMENTS AND ASSURANCES:** Initial each item to indicate that you understand and agree with each statement.

- I affirm that **all** information on this application and **all** attached documentation is true and correct. (\_\_\_\_)
- I understand that giving a false statement will result in the denial of this application and recoupment of any funds distributed as a result of this application. (\_\_\_\_)
- I understand that if I have had a child care license or registration suspended or revoked I may not be eligible to receive an award through the fund. (\_\_\_\_)
- I understand that if I am awarded funding through this program, I am required to:
  - Successfully complete each college course and maintain a minimum of a 2.50 GPA, (\_\_\_\_)
  - Continue employment in the child care field at least 10 hours per week while completing college coursework toward a degree, (\_\_\_\_) and
  - Upon the completion of college coursework and the degree, continue employment in the child care field at least 10 hours per week, in Maryland, based on the requirements pursuant to COMAR 13A.14.09. (\_\_\_\_)
- I have attached **all** required information. (\_\_\_\_)
- I have met with the CCCPDF Coordinator (\_\_\_\_)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_