



ROUND 1 Education Bonus
Application

Name: _____ Email: _____

Home Mailing Address: _____

Name of Child Care Program: _____

Current Position/Title: Director ___ Assistant Director ___ Lead Teacher ___ Assistant Teacher ___ Floater ___
FCCH ___ Other (please specify) _____

Age of Children you Work With: Infants ___ Toddlers ___ Preschoolers (age 2-5) ___ School Age Only ___
Other (please specify) _____

Education Information:

Name of college/university you are currently enrolled as a student: _____

Are you currently enrolled in a degree program: Yes ___ No ___ If yes, please name: _____

Are you currently participating in the **WAGES** program which is funded through Smart Start of Brunswick County and administered through Child Care Services Association? Yes ___ No ___

Are you currently participating in the **T.E.A.C.H.** Scholarship Program offered by Child Care Services Association? Yes ___ No ___

Would you like to be added to our Smart Start of Brunswick County email list to receive updates and information? Yes, please add me! ___ Not at this time ___

I understand that receipt of an Education Bonus is contingent upon state funding. I also understand that I am responsible for any applicable taxes associated with the bonus. I attest that the information that I provided in this application and supporting documentation is true to the best of my knowledge.

Signature

Date