

**Carteret County Partnership for Children**  
**Supplement for Professional Development Program**  
**Application**

**Directions:** Please read application carefully and neatly print all information. Provide us with documentation of your highest level of education earned. The completed application, educational and employment documentation must be returned to the Partnership office. Participants will be mailed the Memorandums of Understanding in which they are required to sign and returned.

**Mail or bring to:**

Carteret County Partnership for Children  
305 Commerce Ave., Suite 102  
Morehead City, NC 28557  
Attention: Rene Fox

*If you have any questions or need more information, please contact Rene Fox at 252-727-0440.*

**A. Personal Information:**

Name of Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**B. Employment Information:**

Child Care Facility Name: \_\_\_\_\_

Director: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Center Address: \_\_\_\_\_  
\_\_\_\_\_

Your Position: \_\_\_\_ Teacher \_\_\_\_ Teacher Asst. \_\_\_\_ Family Child Care Provider  
\_\_\_\_ Director \_\_\_\_ Asst. Director

Ages and number of children in your care: \_\_\_\_ Infants \_\_\_\_ Ones \_\_\_\_ Twos  
\_\_\_\_ Threes \_\_\_\_ Fours and Fives

Date you began working in this center or providing care in your home: \_\_\_\_\_

Current Salary or Pay Rate: \$ \_\_\_\_\_/year \$ \_\_\_\_\_/month \$ \_\_\_\_\_/hour

*\*Directors and Director/Owners must provide copies of 6 months' pay stubs or checks as proof of income*

*\*\*Lead teachers, asst. teachers, and asst. directors must provide copies of previous month's pay stub, check, and Employment Verification Form*

*\*\*\*Home providers must complete Monthly Income Worksheet included in packet*

**C. Education Information:**

Education Level (Documentation of all education required):

Do you have your NC Credentials I & II? \_\_\_\_\_ Degree Program enrolled in \_\_\_\_\_

Amount of total completed semester hrs \_\_\_\_\_ Amount of ECE completed semester hrs \_\_\_\_\_

Degrees obtained and major \_\_\_\_\_ B-K Certified? \_\_\_\_\_

For Directors Only- Admin Level obtained: \_\_\_\_\_

What are your future educational plans? \_\_\_\_\_

**D. Supporting Documentation Needed:**

Please submit the following with this form. **Your application is NOT complete and cannot be processed without this information.**

**All applicants:**

- Transcripts (official or copies of official transcripts) ***OR*** copy of your diploma (must state area of major achieved) from the schools or colleges where your most advanced education was achieved. If your diploma does not specify that your coursework was in ECE (B-K) or Child Development, you must also provide transcripts.
- If you have taken coursework in ECE or Child Development that has not resulted in the award of a degree, you must send in official transcripts (or copies) documenting these credit hours. Copies of your Credentials, CDA, or EC Certificate or Diploma will be acceptable.

**Child Care Center Asst. Directors, Teachers, and Asst. Teachers:**

- Employment Verification Form-to be filled out and signed by the Director
- Last month's pay stubs or checks

**Center Directors and Owner/Directors**

- Previous 6 months worth of pay stubs or checks

**Family Home Providers:**

- Monthly Income Worksheet- to be completed and returned with any needed receipts.

E. Statement of Affirmation:

I, \_\_\_\_\_ attest that the information appearing on this application and the supporting documentation is true to the best of my knowledge, and that I am not applying for supplements in any other county other than Carteret.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

***Note: Professional Development Supplements are subject to availability of funds. Program may change as needed.***