



Montana Early Childhood Project

2010 FALL PROFESSIONAL DEVELOPMENT INCENTIVE AWARD— Higher Education (PDIA—HE) APPLICATION INFORMATION

PDIA—HE (formerly called Higher Education Merit Pay) participants may receive \$750 for completion of a minimum of 6 credits or \$250 for completion of 2-5 credits for Fall Semester 2010. This award has been developed with the goal of improving the quality of early care and education for young children and families, by promoting early childhood education college coursework, certificate and degree attainment.

PDIA—HE awards will be available based on the following criteria:

1. An individual must have a current Practitioner Registry Certificate at the time of application. The ECP will check your registry status online upon receipt of your application.
2. Applicants must work a minimum of 15 hours a week in:
 - * A state registered group or family child care home, or
 - * A state licensed child care center, or
 - * *Applicants who are in the process of becoming state licensed or registered, but have not yet been granted a certificate are eligible to apply.*
 - * A Montana Head Start or Tribal Head Start, or
 - * A Montana Child Care Resource and Referral Agency
3. Practitioners may apply for only one of the two PDIA's (PDIA or PDIA—Higher Ed).
4. The following education will qualify:

College courses that lead to a national credential (Child Development Associate/CDA), Montana Child Care Development Specialist Apprenticeship Certificate, 30 Credit College Early Childhood Certificate, Associate's, Bachelor's, or Master's Degrees in Early Childhood. Verification of completion of coursework with a grade of 'C' or higher will be required. Undergraduate courses must be taken through a regionally accredited Montana college or university. Graduate courses must be taken through any regionally accredited college or university.

The attached application must be completed and received in The Early Childhood Project office, no later than 4:00 p.m. Friday, July 30, 2010. Approval and denial letters will be mailed on August 6, 2010 with a copy of your approved plan of study.

Please **ONLY SEND** the application. Additional documents will be required after the completion of the approved courses to receive your award. **DO NOT SEND** any other documents at this time with your application. Other documents sent will be discarded.

If you have any questions, please contact The Early Childhood Project at 1-800-213-6310, ecp@montana.edu or visit www.mtecp.org.

Send to:

Early Childhood Project—MSU
PO Box 173540
Bozeman, MT 59717





Montana Early Childhood Project

FOR ECP OFFICE USE ONLY
CONTRACT#
PRIORITY#

PROFESSIONAL DEVELOPMENT INCENTIVE AWARD—HIGHER EDUCATION APPLICATION

FOR COURSES COMPLETED FALL SEMESTER 2010

Note: PIDA—Higher Ed was formerly called Higher Education Merit Pay. Please type or print using BLUE OR BLACK ink.

Name: _____ State PS# _____

Date of Birth: _____ SSN: _____

Address: _____ City: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Place of Employment: _____ State PV#: _____

Child Care Resource and Referral District (see www.mtecp.org/network.html): _____

1. You **MUST** have a current Practitioner Registry certificate to continue with this application. We will verify your current status online.

2. **Applicants must work a minimum of 15 hours/week in an early childhood facility that is state licensed/registered.**

Type of program where you work:

- Registered Family Child Care Home
- Registered Group Child Care
- Licensed Child Care Center
- Part-Day Head Start/Early Head Start
- Full-Day Head Start/Early Head Start
- Tribal Head Start
- Child Care Resource & Referral agency
- Tribal Child Care
- Other _____

3. How will this award help you achieve your career and education goals? Please be specific.

4. Have you received a Higher Education Merit Pay (PDIA- Higher Ed) before? Yes No Year: _____

5. Have you submitted the Free Application for Federal Student Aid (FAFSA) for 2009/2010? Yes No

Go to <http://www.fafsa.ed.gov/> for more information.

6. Please indicate the total amount of financial assistance you expect to receive this Fall 2010.

(This information will not disqualify you from a PDIA- HE for Fall 2010)

\$ Amount

Federal Pell Grant _____

Tribal Fee Waiver _____

Head Start or Early Head Start _____

Other (specify) _____

Please choose one of the two award options:

- \$250 for 2-5 credits
- \$750 for a minimum of 6 credits

Undergraduate coursework must be completed at a regionally accredited college or university located in Montana. **Graduate** coursework may be completed at a college or university, in or out of Montana, which is regionally accredited through the U.S. Department of Education.

For the \$750 award:

- A minimum of 6 Semester Credits or 9 Quarter Credits for Fall 2010
- \$750 will be awarded upon successful completion of a minimum of 6 credits of approved coursework for Fall 2010

For the \$250 award:

- A minimum of 2 credits and a maximum of 5 credits for Fall 2010
- \$250 will be awarded upon successful completion of a minimum of 2 credits of approved course work for Fall 2010

PLAN OF STUDY FALL 2010

College Course (ex. HDCF 150 Child Growth & Development)	Name of College/University	Start Date & End Date	Number of Semester or Quarter Credits
Total Credits:			

I _____ attest that I am seeking a Credential, Certificate or Degree in Early Childhood Education that leads to a Level 4 or higher on The Practitioner Registry.

I am currently working toward (check one):

- | | |
|---|---|
| <input type="checkbox"/> Child Development Associate (CDA) credential | <input type="checkbox"/> MT Child Care Development Apprenticeship Certificate |
| <input type="checkbox"/> 30 Credit College ECE Certificate | <input type="checkbox"/> Associate's Degree |
| <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Early Childhood Minor for Elementary Ed | |

Major: _____ Minor: _____

Employer Certification: (Must be filled in even if the applicant is the owner/director of the facility)

I certify that _____ is currently working 15 or more hours per week in a registered group or family child care home, a licensed child care center, Head Start, Early Head Start, or Tribal Head Start, Tribal Child Care or with a Montana Child Care Resource and Referral Agency.

Signature of Director/Owner: _____ **State PV#:** _____

- I certify that all information given is true and correct.

Applicant Signature: _____ **Date:** _____

FOR ECP OFFICE USE ONLY Approved by: _____ Date: _____

