



California Transitional Kindergarten Stipend (CTKS)
Incentive Program
2017-2018
Participant Application

PERSONAL INFORMATION - (PLEASE PRINT)		
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
HOME ADDRESS:		APT#:
CITY:	ZIP CODE:	
HOME TELEPHONE:	WORK TELEPHONE:	OTHER:
SOCIAL SECURITY #:	EMAIL ADDRESS:	
DO YOU HAVE A CHILD DEVELOPMENT PERMIT? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF "YES", PROVIDE PERMIT LEVEL AND DATE RECEIVED Permit _____ M/D/Y____/____/____		
Do you have a degree? YES <input type="checkbox"/> NO <input type="checkbox"/> Please indicate all that apply <input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> MA		
Title/Field of degree? _____		

EMPLOYMENT INFORMATION		
EMPLOYER: (Name of school district, corporation, etc.)		
SITE NAME:		
ADDRESS:	CITY:	ZIP CODE:
PRINCIPAL'S/DIRECTOR'S NAME:		TELEPHONE:
EMPLOYMENT START DATE FOR CURRENT CDE PROGRAM: MM/DD/YY ____/____/____		
HOURS WORKED PER WEEK:		
PROGRAM TYPE: CHECK ONE BOX ONLY		
CA TRANSITIONAL KINDERGARTEN PROGRAM <input type="checkbox"/> CA STATE PRESCHOOL PROGRAM <input type="checkbox"/>		

All completed applications MUST be sent to:
Consortium for Early Learning Services
21250 Box Springs Road, Suite 113
Moreno Valley, CA 92557

QUESTIONS?

If you have any questions, call the Consortium for Early Learning Services at 951-778-5003.

PLEASE CHECK YOUR "Commitment" BELOW:			
<input type="checkbox"/>	ECE/Child Dev. College Classes ONLY (Already have BA/MA/Teaching Credential)	Comments:	
<input type="checkbox"/>	Working towards ECE AA Degree	Comments:	
<input type="checkbox"/>	Working towards ECE BA Degree	Comments:	
<input type="checkbox"/>	Working towards ECE MA Degree	Comments:	

Please **initial each** of the following boxes to certify that you meet and understand all of the eligibility requirements for the FY 2017-2018 CTKS Incentive Program.

Yes CTKS 1st priority: I am a credentialed Transitional Kindergarten or TK/Kindergarten teacher who is working towards completing at least 24 units in child development or early childhood education, 21 hours of professional growth and/or both.

Yes CTKS 2nd priority: I am a California State Preschool Program (CSPP) teacher who is continuing my education related to professional development, including coursework in early childhood education, child development or both.

If you could not check YES to one of the questions above, you do not qualify for the CTKS Program.

I understand to be enrolled in the California Transitional Kindergarten Stipend (CTKS) Incentive Program; I must submit the following forms: Incentive Program Participant Application, Course Authorization Approval form, W-9, and a Confidential Profile form. **No general education or other units can be awarded an incentive.**

I understand to possibly receive a CTKS incentive for educational and professional growth expenses, all coursework and/or professional growth hours must be in child development or early childhood education.

I must complete enrollment forms and submit them to the Consortium for Early Learning Services Administration and adhere to the following:

- Submit official transcripts reflecting grade C or better in the approved CD/ECE course; and/or
- Submit original certificates of attendance for approved professional growth activities.

I understand all CTKS Incentive Program forms are located on the Consortium for Early Learning Services Website, and I am aware of how to access these forms.

CSPP teachers only: As of the date of this application, I have been a continuous CSPP classroom teacher with my current employer for 9 consecutive months.

I understand that I must be continuously employed by a school district in TK, TK/K or CSPP classroom at the time I receive my incentive or have knowledge of future placement to a TK classroom by the district. Incentives are issued directly to each approved CTKS Incentive Program participant.

I confirm that I work at least 15 hours per week directly with children, in a classroom setting within a school district or CDE contracted program.

I understand that I may not receive the full amount of the incentive that I qualify for if there are insufficient funds available to pay all eligible applicants.

I understand that incentives may be denied, withdrawn, or withheld in the future if any information reported on is found to be intentionally misleading or inaccurate.

I understand that participation in a CDE approved Desired Results Developmental Profile (DRDP) Training is recommended although not required as part of the CTKS Incentive Program.

I understand my eligibility requirements for the 2017-2018 CTKS Incentive Program. I also understand that if I have any further questions about eligibility requirements I will contact the Consortium for Early Learning Services.

I authorize the CTKS Incentive Program to use the included information for the purpose of determining my eligibility for the program, and statistical reporting.

Applicant's Printed Name

Signature By signing, you agree to all of the statements listed above.

Date

**TO BE COMPLETED BY TK OR CSPP PRINCIPAL OR AGENCY'S HUMAN RESOURCES
AUTHORIZED REPRESENTATIVE**

Please check the appropriate box for each statement

Applicant has been continuously employed with your LEA/Agency for the past 9 months. Yes No

Applicant works at least 15 hours per week directly with children. Yes No

The above application is accurate to the best of my knowledge. Yes No

Applicant has been informed of the eligibility requirements. Yes No

Authorized Representative's Printed Name

Authorized Representative's Signature

Date

*Thank you to San Bernardino County Superintendent of Schools for permission to utilize their CTKS Template.