



WV STARS Pathway Advancement Scholarship

Instructions:

Please complete this application electronically, or by neatly printing using black or blue ink. Please note that you must have an active Career Pathway Certificate to be eligible.

Summer 2025 Semester

Please submit by April 1st

Applicant Information:				
Assigned Registry Id Number:	Last 5 digits of your Social Security #			
First Name:	MI:	Last Name:		
Mailing Address:				
City:	State:	Zip Code:	County:	
Primary Phone Number:		Primary Email Address:		

Employment Information:				
Current Employer (Program Name):				
Mailing Address:				
City:	State:	Zip Code:	County:	
Primary Phone Number:				
Directors Name:		Directors Email Address:		
Program Type:	<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Child Care Facility	<input type="checkbox"/> Family Child Care Home	<input type="checkbox"/> Head Start

Current Job Title:	<input type="checkbox"/> Administrator (Director, Assistant Director)	<input type="checkbox"/> Assistant Teacher (Teacher's Aide, Teaching Assistant)
	<input type="checkbox"/> Family Child Care Provider	<input type="checkbox"/> Teacher (Lead Teacher, Co-Teacher, Head Teacher)
What Age Groups Do You Work With? (Check all that apply)	<input type="checkbox"/> Infants (0-12 Months)	<input type="checkbox"/> Toddler (13-36 Months)
	<input type="checkbox"/> Preschool (37 Months – PreK)	<input type="checkbox"/> School Age
Hire/Start Date: (MM/DD/YYYY)		Current Hourly Wage:
Number of Hours Paid to Work Per Week:		Number of Months Paid to Work Per Year:



Employer Statement: Director, Assistant Director or Administrator please read, sign and date

The information presented on this application is accurate and true, to the best of my knowledge. By signing this application, I am providing my support for the applicant to further his/her education to increase job skills and knowledge. I will provide my support to the applicant by allowing flexible work scheduling to accommodate class attendance and associated assignments, if needed. The childcare program will also provide a wage increase upon completion of degree.

Employer Signature

Employer Printed Name and Title

Date

Degree Information:

Name of College enrolled in:

Degree Program You are Enrolled in:

Associate Degree

Bachelor Degree

Degree Major:

Expected graduation date:

Personal Responsibilities Agreement:

Please read carefully, initialing next to each line item.

_____ Attend class, study, work hard and be a responsible student.

_____ Contact the WV STARS Scholarship Specialist regarding any changes to my employment or college status as soon as possible.

_____ Submit my grades within 15 days of each semester end date.

Applicant Statement: Please read, sign and date

The information presented on this application is accurate and true, to the best of my knowledge. I understand that if awarded the scholarship I must remain employed as a childcare provider, or director, at least 20 hours per week in a WV licensed childcare center, licensed childcare facility, or registered family childcare home while on scholarship, and for at least 1 year following the completion of my scholarship. I acknowledge that there is a maximum scholarship award of \$1500 per semester for associate degree scholarships and \$3000 per semester for bachelor's degree scholarships. Tuition costs over the semester's maximum tuition award may be covered as funding is available.

Applicant Signature

Applicant Printed Name

Date

Required Documentation:

Current Paystub from within the past 30 days (Must show a minimum of 20 per week)

FAFSA Confirmation Page

Unofficial Transcript (Must show degree program and semester course enrollment)

Please submit your application and required documentation via one of the methods below:

Mail: Scholarship 611 7th Avenue, Suite 322 Huntington, WV 25701

Email: sbailey@rvcds.org subject line: scholarship

Fax: 304-529-2535 Attn: scholarship