

**Section 1**



Select the type of community based training scholarship support you are applying for. Note:

- Your conference application is valid through the entire fiscal year July 1, 2013 to June 30, 2014, once you receive your first award letter you may keep that to use for future conferences by the sponsoring organizations listed below. Submissions of multiple conference applications for each activity are not necessary.
- Check the statewide training calendar to learn about approved “cohort” trainings ([oro.research.pdx.edu/calendar](http://oro.research.pdx.edu/calendar)).

Activity	Required Documentation	Notes
<input type="checkbox"/> Conference	Varies by conference. Check your conference registration materials.	Conferences must be held in Oregon and sponsored by: OACCD, OAEYC, Oregon ASK, Oregon DEC, or PRO. Please contact the conference sponsor for complete details.
<input type="checkbox"/> Cohort Training	Before the training begins.	Training must be approved by the Oregon Registry Trainer Program and offered by an Oregon Child Care Resource and Referral Network member or any of the above conference organizations.

**Section 2**

The Oregon Statewide Scholarship Program’s goal is to enhance the quality of childhood care and education in Oregon by supporting professional development. Scholarship funds are intended to help you achieve your professional development goals so you may provide high quality care and education. Complete a professional development plan, select an activity, and complete this form to apply for a scholarship.

Last Name		First Name		Middle Name
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	Former Name(s)		
Address (street address, apt no) <span style="float: right;"><input type="checkbox"/> Physical <input type="checkbox"/> Mailing</span>				
City	State	Zip Code	County of Residence	
Home Phone No.	Work Phone No.	Fax No.	Email Address	

\* I would prefer to receive my scholarship award letter via email  Yes,  No please send a hard copy to my mailing address.

Name of Facility (list business name; if none, list provider’s name)	Facility Phone No.
Facility Address (street address, apt no, city, state, zip)	Facility Fax No.

**Section 3**

**What is your current Oregon Registry Step?** \_\_\_\_\_ *You must already have an Oregon Registry Step 3 or above to receive scholarship support.*  
**Have you completed a Professional Development Plan?** *You must complete a professional development plan in order to receive scholarship support.*

- This is my first scholarship application for the program year July 1, 2013 –June 30, 2014 and I am attaching my Professional Development Plan. *Please complete the Oregon’s Childhood Care and Education Professional Development Plan (PDP).*
- I have already submitted a PDP during this program year, July 1, 2013 –June 30, 2014 and it is still valid (You do not need to resubmit a copy of your PDP each time you apply for scholarship).



**Section 4**

What is your primary language? (optional) \_\_\_\_\_  
 Do you speak any other language(s) in addition to your primary language? (optional)  Yes  No

If yes, please list any other language(s) you speak fluently: \_\_\_\_\_  
 What language do you speak most with the children you work or volunteer with? (optional) \_\_\_\_\_

What is your position? (check all that apply)

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Director                    | <input type="checkbox"/> Multi-Site Coordinator | <input type="checkbox"/> Teacher                    |
| <input type="checkbox"/> Aide 1                 | <input type="checkbox"/> Driver                      | <input type="checkbox"/> Nanny                  | <input type="checkbox"/> Teacher's Aide             |
| <input type="checkbox"/> Aide 2                 | <input type="checkbox"/> Executive Director          | <input type="checkbox"/> Operator               | <input type="checkbox"/> Volunteer                  |
| <input type="checkbox"/> Assistant 1            | <input type="checkbox"/> Education Coordinator       | <input type="checkbox"/> Provider               | <input type="checkbox"/> Manager                    |
| <input type="checkbox"/> Assistant 2            | <input type="checkbox"/> Head Teacher                | <input type="checkbox"/> Substitute Provider    | <input type="checkbox"/> Other (please list): _____ |
| <input type="checkbox"/> Consultant             | <input type="checkbox"/> Health/Mental Health Worker | <input type="checkbox"/> Cook                   |   |

**Level of Education**

- Less than High School Diploma  High School Diploma  General Educational Development (GED)  
 Certificate from college, school, or professional association in: \_\_\_\_\_  
 2-year college degree- AA/AS/AAS or other in: \_\_\_\_\_  
 4-year college degree- BA/BS or other in: \_\_\_\_\_  
 Master's degree- MA/MS/MED or other in: \_\_\_\_\_  
 PhD, EdD or other doctoral degree in: \_\_\_\_\_  
 Other (please list degree and field of study): \_\_\_\_\_

How long have you worked in the field? Total Years: \_\_\_\_\_ or Total Months: \_\_\_\_\_  
 How long do you plan to continue working in the field?  Less than 1 year  1 to 2 years  3 to 5 years  More than 5 years

How will this scholarship help you achieve your goals?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section 5 (Supervisor or CF Licensed Providers must complete)**

CCD License Number (REQUIRED; if left blank, I attest the above facility is exempt from CCD licensing): \_\_\_\_\_  
 By signing below, I attest the applicant is an employee of the above facility, the applicant works 20 or more hours per week with children younger than 13 years or supervises staff who work with children younger than 13, and the above facility has limited-to-no financial support for staff professional development costs.

\_\_\_\_\_  
 Supervisor's/Licensed Provider's Signature Supervisor's/Licensed Provider's Printed Name Date Signed

**Section 6**

By signing below, I attest I work 20 or more hours per week with children younger than 13 years or supervise staff who work with children younger than 13, I need financial support for professional development, and all information provided on this application is true and accurate. I agree to follow the Oregon Statewide Scholarship Program Policies. I understand the Scholarship Program is under no obligation to provide financial support and may return my application to me if it is incomplete or received after the deadline, I am not in good standing with the Scholarship Program, funds are not available, or I do not complete the activity. I understand scholarships are awarded on a first come, first served basis; scholarship awards are competitive and cannot be guaranteed. If requested upon approval, I will provide the Scholarship Program documentation showing I completed any activity for which I am awarded scholarship support, or I will contact the Scholarship Program immediately if I do not use my award. If I do not contact the Scholarship Program and the Program pays for an activity I did not complete, I will be held responsible for the amount paid on my behalf.

The Statewide Scholarship Program is an integrated part of the Oregon Registry. Oregon Registry representatives will undertake all necessary precautions to ensure that only authorized personnel will be able to access confidential information. Confidential information will not be disclosed for any purposes other than described here and as authorized by law. By your signature, you consent to the disclosure of your individual contact and training/education information to authorized personnel with the Child Care Division, Oregon Center for Career Development, Department of Human Services, and/or the Oregon Child Care Resource and Referral Network and local child care resource and referral programs.

\_\_\_\_\_  
 Applicant's Signature Applicant's Printed Name Date Signed

OFFICE USE <input type="radio"/> Complete <input type="radio"/> Re-submitted Complete <input type="radio"/> Incomplete (reason: _____)
<input type="radio"/> Approved <input type="radio"/> Eligibility Letter <input type="radio"/> Denied (reason: _____)
Amount \$ _____ Index _____ By _____ Date _____





## Oregon's Childhood Care and Education Professional Development Plan (PDP)

### *Learning is a lifelong journey!*

As your professional interests and the demands of the field change, it is important to expand your skills and knowledge. Completing a professional development plan gives you a road map to follow along this journey. Please read this information to learn more about Oregon's Childhood Care and Education Professional Development Planning tool.

### What is a Professional Development Plan?

A PDP provides a place to document an intentional course of action and a commitment to grow in the field of childhood care and education.

### Why should you have a Professional Development Plan?

Child development outcomes are positively impacted by childhood care and education professionals who participate in quality professional development. Intentionally planning your professional development will prepare you to:

- Meet the requirement of

Oregon's Quality Rating and Improvement System (QRIS) Standard 3.4

- Meet the Oregon Statewide Scholarship program requirements
- Seek professional development opportunities that are responsive to your needs and interests
- Support the unique needs of the families and children in your program

### How do you create a Professional Development Plan?

Follow the visual outline below to "map" your journey and complete the plan.

### Part 1

#### Conduct a self assessment

- Reflect on your strengths, interests, feedback that you have received from parents or supervisors, your program's goals, and your children's needs
- Gather evidence documents that will help with your assessment
- Determine your professional development needs

### Part 2

#### Develop goals and actions

- Based on your self assessment, identify a long-term professional development goal
- Develop short-term, achievable goals that will help you accomplish your long term goal in the future
- Identify specific actions needed to meet short-term goals
- Identify measures that will let you know that you are progressing toward your goal
- Set realistic timelines
- Identify needed resources/ supports

### Part 3

#### Track your progress

- Determine who will support you during your professional development planning and goal completion (supervisor, professional development advisor at local Child Care Resource and Referral, etc.)
- Schedule your first future "check in" to document your progress toward your goals
- Revisit your PDP quarterly

Get started

# Part 1 Conduct a self assessment

Reflect	Gather evidence	Determine need
My current step on the Oregon Registry is:	<input type="checkbox"/> Current Oregon Registry Professional Development Statement (PDS)	Oregon Registry Pathway I will use to achieve the next step:
My main source of professional development has been: <input type="checkbox"/> Community-based training <input type="checkbox"/> College coursework		Number of college course credits or community-based training hours that I need for my next step:
My core knowledge categories in which I have the most hours are:		Core knowledge categories that I need training in:
My core knowledge categories of interest are:		Hours completed for current licensing period are ____. Number of training hours that I need to exceed the current licensing period are ____.
My review of feedback from parents and/or supervisor tells me:	<input type="checkbox"/> Copy of past parent feedback or performance evaluation	Areas where I could gain knowledge and/or improve my skills based on this feedback:
My review of my program's quality improvement plan tells me:	<input type="checkbox"/> Oregon's Quality Rating and Improvement Plan for my program (if relevant)  <input type="checkbox"/> Other program improvement plan	Areas where I could gain knowledge and/or improve my skills to contribute to my program's goals:
My review of my program's child observations and/or outcomes tells me:	<input type="checkbox"/> Completed anonymous child observations <input type="checkbox"/> Child outcome data (if known) <input type="checkbox"/> Head Start Child Development and Early Learning Framework	Areas where I could gain knowledge and/or improve my skills related to child outcomes:

# Part 2 **Develop goals, actions, measurements and timelines**

Short-term achievable goals (identify 2)	Specific actions needed to meet my short-term goals	Measurements that demonstrate progress	Realistic time	Resources/ supports
<p><b>My 1<sup>st</sup> short-term goal(s) related to:</b></p> <ul style="list-style-type: none"> <li>• Movement on the Oregon Registry</li> </ul> <p><b>And/or</b></p> <ul style="list-style-type: none"> <li>• Increased hours beyond the basic number required for the current licensing period</li> <li>• Core knowledge categories of interest are:</li> </ul>				<ul style="list-style-type: none"> <li>• Oregon Center for Career Development in Childhood Care and Education (OCCD)</li> <li>• Oregon Registry Steps Application Worksheet</li> </ul>
				<ul style="list-style-type: none"> <li>• Oregon Registry Steps Document</li> <li>• Your local Child Care Resource and Referral Agency (CCR&amp;R)</li> </ul>
				<ul style="list-style-type: none"> <li>• A sample Professional Development Plan</li> <li>• A sample Oregon Registry Professional Development Statement</li> </ul>
<p><b>My 2<sup>nd</sup> short-term goal(s) related to:</b></p> <ul style="list-style-type: none"> <li>• Parent and/or supervisor feedback</li> <li>• My program’s quality improvement plan</li> <li>• The children in my group are:</li> </ul>				<ul style="list-style-type: none"> <li>• Program director</li> <li>• Licensing specialist</li> <li>• Quality improvement specialist at CCR&amp;R</li> </ul>
				<ul style="list-style-type: none"> <li>• Programs that have achieved a quality designation</li> <li>• Other _____</li> </ul>
				<p><b>Links to these resources can be found at <a href="http://pdx.edu/occd">pdx.edu/occd</a></b></p>

# Part 3 Track your progress

## SCHOLARSHIP

Long-term professional development goal (over 1 year to accomplish):

Quarterly reporting on progress		
Date	Notes	Initials



**Oregon Center for  
Career Development in  
Childhood Care and Education**  
Portland State University - OCCD  
PO Box 751  
Portland OR 97201-0751  
University Center Building  
527 SW Hall St, Suite 300  
Portland OR 97201

Toll free: 877-725-8535  
Locally: 503-725-8535  
Fax: 503-725-5430  
Email: centerline@pdx.edu  
Web: pdx.edu/occd

Supervisor or professional development advisor  
initials/date \_\_\_\_/\_\_\_\_