



**EARLY CHILDHOOD CONTINUING EDUCATION GRANT
APPLICATION AND PAYMENT**
NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
OFFICE OF EARLY LEARNING
SFN 60015 (08/2020)

Return to: Department of Public Instruction, Office of Early Learning,
600 E. Boulevard Avenue, Dept. 201,
Bismarck, ND 58505.
Fax: (701) 328-0203.

North Dakota residents may receive up to \$3,000 towards their education. To qualify for the grant award, the applicant must be enrolled in a North Dakota State college or university. In addition, the eligible recipient must:

- a. Be a pre-kindergarten teacher or teacher assistant for whom a baccalaureate degree will be required in the future;
- b. Be an individual working in the childcare industry and/or Head Start program who wishes to obtain a Child Development Associate Degree, Associate of Arts Degree in Early Childhood Education, or Bachelor's Degree in Early Childhood Education.

Please note: This is a reimbursable grant. Applicants will not be reimbursed for grants, scholarships, etc.

Section A: Individual Identification

Last Name, First Name	Maiden Name	Teacher License Number
Mailing Address	City	State, Zip Code
E-mail Address	Telephone Number (home)	Cell Number

Section B: Applicable Teaching Experience

Years	School Name	Position Held

Section C: Enrollment

North Dakota College/University of Enrollment	Location of North Dakota College/University
Check program enrolled: <input type="checkbox"/> Bachelor's Degree in Early Childhood Education <input type="checkbox"/> Child Development Associate Degree <input type="checkbox"/> Associate of Arts Degree in Early Childhood Education	
Attach the requested documentation with the application: <input type="checkbox"/> Certified proof of enrollment <input type="checkbox"/> Fee Statement	

Section D: Signature

Signature of Applicant	Date
------------------------	------

* THIS GRANT AWARD WILL NOT EXCEED \$3,000 PER BIENNIUM

DEPARTMENT OF PUBLIC INSTRUCTION USE ONLY (Payment Information)

Date Received	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Approved	Amount To Be Paid
Prior Payments	Balance Remaining	Final Payment	Payment Date
Signature (Authorized Director of Early Learning)			Date
Dept. ID	Fund	Project	Activity
			Class
			Year
			Grants Manager