## **Connecticut Early Childhood Professional Registry**



450 Columbus Boulevard, Hartford, CT 06103 800-832-7784 www.oecregistry.org

## **Administrative Scholarship for Non-Administrators**

- a. This form is required of any applicant seeking scholarship to take a non-degree course to meet the OEC licensing 3 credit director requirement whose OEC Registry profile page job title is NOT listed as an administrator.
- b. In order to best support success in these courses, individuals applying for this scholarship assistance must have some direct involvement in the decision making authority of the day to day operations of the program.
- c. This form MUST be completed by the applicant and signed by the supervisor or program owner (i.e. Director, Board Chairperson, Authorized Human Resources Representative).
- d. Upload this completed form to your Registry account under Standard Documents.

VALIE	Intorm	2 TIAN
IUUI	Inform	auvii

Your legal name:				
Your Registry ID # (9 digits beginning with 100):				
Your job title:				
Are you assigned to a classroom on a regular basis?   Yes   No				
Do you have direct involvement in the decision making authority of the day to day operations of the program?				
☐ Yes ☐ No (If no, DO NOT submit this form)				
The undersigned affirms that the information provided on this form is true, accurate and complete under penalties of				
false statement pursuant to Conn. Gen. Stat. section 53a-157b.				
Signature of Applicant attesting to factual application:		Date:		
Course Information				
Course number and name:				
College offering the course:				
Course start date:				
IMPORTANT: You must contact your OEC Education Advisor to request scholarship after uploading this form.				
Supervisor / Owner Information (to be completed after all of the above is completed)				
Program's legal name:				
Program's address:				
Program's license number:				
Supervisor/Owner's Name:				
Supervisor's Job Title at Program:				
Supervisor's Phone #, including extension:				
Supervisor's Email:				
The undersigned affirms that the information provided on this form is true, accurate and complete under penalties of				
false statement pursuant to Conn. Gen. Stat. section 53a-157b.				
Supervisor's Signature:	Date Signed:			

Most fields on this form can be typed if you would like; then print the form for signatures and initials (or DocuSign)

This form is valid for 30 days from Supervisor's signature.