

3120 Eddy ST Amarillo, Texas 79106 (806) 350-1725 April Slatter's direct line

## Application for College Courses SEMESTER □Fall □Spring ⊠Summer Year 2024

Please Print and Use Blue or Black Ink

1.	Name of Applicant:	AC Student ID #	
2.	Address of Applicant:	City:	Zip:
3.	Best Phone Number to Contact You between	8a-5p M-F:	
4.	E-mail address:		
5.	Child Care Facility Name:		
6.	Current age(s) you work with: ☐ infants/todd	llers ☐ preschoolers ☐ school age ☐ family	care – all ages
7.	Child Care Phone No	DFPS Provider License #	
8.	Are you currently receiving academic supporting the supporting the supporting that the supporting the supporting that the supporting the supporting the supporting that the supporting the supportin	rt from another program or entity?	
9.	Do you currently work in a contracted CCS ch	nildcare facility?	Part-Time (5 pts)
10.	Are you a first-time college student \( \square \) No (10 *If no, then how many total college credits have Total Hours \( \square \) (3- 9 hrs5 pts) (9	ve you completed in Early Childhood or relate	ed coursework?
11.	Is your major in Early Childhood or a related If no, list your major, be specific.		
12.	Did you attend AC during the last 12 months?	?	
13.	Number of years you have been employed in the Early Childhood Profession: (less than 2 yrs. 5pt) (2-4 yrs. 10pts) (5 yrs. + 15pts)		
14.	I. Is your facility participating in one of the following certification programs?  (if multiple, choose highest point category)  Texas Rising Star Certification and/or Nationally Accredited (NAEYC, NAAC) (15 pts)  Texas School Ready Classroom and/or Working towards Texas Rising Star Certification (10 pts)		
15.	Please select ONE Early Childhood certificate  Associates Degree (20 pts)  Admin (	Certificate (15 pts) Para-Professional Ce	rtificate (15 pts)

current and tuture career in child development. (10 – 20 pts). You	u may use a separate sheet of paper, if needed.
To continue the application process, proceed to meet with an	AC advisor to register for your classes.
A copy of your schedule of classes to include the tuition amount, a returning student must be submitted w	
***Failure to meet this requirement will result in	• •
The approved scholarship includes tuition, books, and any additional fee on the submitted schedule and once a voucher has been issued, th	
voucher to purchase any other book/material that is not included in	the voucher without express permission from
Workforce Solutions Panhandle.	
The applicant's signature grants permission for WSP and Amarillo Colle	ge to discuss and share any enrollment
The applicant's signature grants permission for WSP and Amarillo Colleq participation information.	·
The applicant's signature grants permission for WSP and Amarillo Colleç participation information.  Applicant's Signature:	Date:
The applicant's signature grants permission for WSP and Amarillo Colleg participation information.  Applicant's Signature:  Director/Owner Signature:  Upon approval, you may be asked to sign a voucher to ensure direct pay	Date: Date:
The applicant's signature grants permission for WSP and Amarillo College participation information.  Applicant's Signature:  Director/Owner Signature:  Upon approval, you may be asked to sign a voucher to ensure direct pay Commission be made to Amarillo College.  For Office Use Only:	Date: Date: /ment from Panhandle Regional Planning