



Panhandle ECE STARS Wage Supplement Program Application

1. Name of Applicant: _____

2. Address of Applicant: Street _____

City: _____ State _____ Zip: _____

3. Best Phone Number to Contact You between 8a-5p M-F: _____

4. E-mail address: _____

5. TECPDS # _____

6. Ethnicity: (Select all that apply)

- Black/ African American
- Asian American/ Pacific Islander
- White/ European American
- Hispanic American/ Latino/ Latina
- American Indian
- Biracial/ Multiracial
- Other: _____
- Prefer not to answer.

7. Gender:

- Male
- Female

- Prefer not to answer.

8. Date of Birth _____

9. Child Care Facility Name: _____

Address: _____ Phone Number _____

10. Child Care/ Early Learning Program Permit number: _____

11. Quality Rating (check all that apply)

- Texas Rising Star 4 Star
- Texas Rising Star 3 Star
- Texas Rising Star 2 Star
- NAEYC
- Working towards Texas Rising Star Certification

12. Applicant Position (select primary responsibility)

- Teacher/ Caregiver
- Floater/ Aide
- Admin/ Director
- Support staff (i.e. cook, bus driver, etc.)

13. Applicant Position Age Range (select all that apply)

- Infants (0-17 months)
- Toddlers (18-35 months)
- Preschool (3-5 years)
- School Age (6-12 years)

14. Number of years you have been employed in the Early Childhood Profession: _____

15. Number of Hours worked by Applicant (per week): _____

16. Date of Hire: _____

17. Current Hourly Rate/ Wage _____

18. Have you worked in person at your current center since January 1, 2026? *Must have been employed since January 1, 2026, at your current center to qualify.

- Yes
- No

19. Indicate each level of education: (add proof of education to TECPDS)

- BA/ BS in Early Childhood Ed./ Child Dev.
- BA/ BS Other _____
- AAS in Early Childhood Ed./ Child Dev.
- Child Development Associate Credential (CDA) from Council for Professional Recognition (must be current) Expiration date _____

- Administrator Certification from Amarillo College
- Provider Certification from Amarillo College
- Highschool diploma or equivalent

20. Choose the ECE STARS Award applying for: **choose only one**

- **Tier I:** The applicant must have an associate degree or higher from an accredited school in Early Childhood Education or Education as it relates to Texas Rising Star.
- **Tier II:** The applicant must have an Administrator Certification from Amarillo College or work as an Administrator in a program and meet the requirement of a Score of 3 in the Texas Rising Star DIRECTOR QUALIFICATIONS AND TRAINING - FORMAL EDUCATION SCORING (https://www.childcare.texas.gov/sites/default/files/texas-rising-star/documents/FARF_Centers_2024_Final_.pdf on p.4)
- **Tier III:** The applicant must have a Provider Certification from Amarillo College or a current CDA.

*** Applicants will be required to complete a W-9 form for tax purposes. The award amount is counted as income and recipients will need to pay any required taxes for the income. The award amount is income and could affect other programs the recipient receives services from.**

I attest that the information provided on this application and the supporting documentation is true to the best of my knowledge. To be considered for the Panhandle ECE STARS Wage Supplement Program, I understand that my name, address, education level, supplement amount, employer name, and employer address may be released to funders of the program or their designees. I authorize and consent to the release and sharing of such information by Workforce Solutions Panhandle to the third parties described. I hereby release Workforce Solutions Panhandle from any liability or damages that may result from the release or sharing of such information, including possible inaccuracies, errors, or omissions.

Signature: _____ Date: _____



Panhandle ECE STARS Wage Supplement Director Verification

To Be Completed by Director

Include with the ECE STARS application.

1. Applicant Name: _____

2. Number of Hours Worked by Applicant (Per Week): _____

3. Date of Hire: _____ 4. Current *Hourly Rate/Wage* _____

5. Has applicant worked in-person at current program since **January 1, 2026**? Yes No

6. Name of Program: _____

7. Program Address: _____

Street

Apt/Suite

City

State

County

Zip Code

8. Program Status (Check One): For Profit Non-Profit

9. Program Phone Number: (____) _____

10. Program Email Address: _____

11. Program Permit Number: _____

12. Total Number of Children Enrolled: _____

13. Number of CCS Children Enrolled: _____

14. Quality Rating (check all that apply): Precertification Texas Rising Star level ____ NAEYC

I am authorized to provide employment verification; the information provided on this form is true and accurate to the best of my knowledge. (applicants cannot sign their own form)

Printed Name of Authorized Personnel

Position/Title

Signature of Authorized Personnel

Date