

Community College Scholarship Program Recipient Survey and Enrollment Form

Betty Gray Early Childhood Development Endowment Initiative

Funded by The Oregon Community Foundation

*This form will also enroll you in the Oregon Registry Online, a tool to track your professional development in the field of child care and education.*

**College attending:** \_\_\_\_\_ **Term/Year:** \_\_\_\_\_

**Section 1: Individual Information**

Last Name		First Name		Middle Name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	Former Name(s)		
Physical Address <input type="checkbox"/> I would like the Child Care Division to update my address on file for the Central Background Registry. <b>My Registry number is:</b> R _____ <small>(street address, apt no)</small>				
City		State	Zip Code	County of Residence
Mailing Address (if different than above)				
City		State	Zip Code	City of Birth
Home Phone No	Work Phone No	Fax No	Email Address	

**Section 2: Optional Enrollment Information**  
(Completing the information below is optional. It is collected in an effort to track our success in being inclusive of all populations)

**Check below what racial/ethnic background best describes you. If you do not identify with any of the choices given, please check the *Other* box and list your preferred choice.**

American Indian/Alaskan Native     
  Black or African American     
  Native Hawaiian or other Pacific Islander  
 Asian     
  Hispanic/Latino/Spanish     
  White  
 Other: (please list) \_\_\_\_\_

1. What is your primary language?  
\_\_\_\_\_

2. Do you speak any other language(s) in addition to your primary language?  Yes  No  
If yes, please list any other language(s) that you speak fluently:  
\_\_\_\_\_

3. What language do you speak most often with the children that you work or volunteer with?  
\_\_\_\_\_

**Section 3: Workforce Information**

**What is your Position(s)?**

<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"/> Other: (please list)
<input type="checkbox"/> Assistant 2	<input type="checkbox"/> Head Teacher	<input type="checkbox"/> Substitute Provider	
<input type="checkbox"/> Consultant	<input type="checkbox"/> Health/Mental Health Worker	<input type="checkbox"/> Student (please indicate college)	
<input type="checkbox"/> Cook	<input type="checkbox"/> Manager		

**Level of Education (also indicate date received)**

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): \_\_\_\_\_

## Section 4: Employment/Volunteer Information

Check below what best describes the facility you work or volunteer for:

- |   |  |
|---|--|
| <input type="checkbox"/> Child Care Resource & Referral | <input type="checkbox"/> Child Care Center/Preschool (for/not-for-profit child care and education) |
| <input type="checkbox"/> College or University          | <input type="checkbox"/> Parent (eg Nanny)   |
| <input type="checkbox"/> EI/ECSE                        | <input type="checkbox"/> Relief Nursery  |
| <input type="checkbox"/> Head Start and/or OPK          | <input type="checkbox"/> School District- Elementary or High School Education                      |
| <input type="checkbox"/> Health or Mental Health        | <input type="checkbox"/> Family Child Care Provider (self-employed)                                |
| <input type="checkbox"/> Healthy Start                  | <input type="checkbox"/> State of Oregon Child Care Division                                       |
| <input type="checkbox"/> ODE/CACFP Sponsor              | <input type="checkbox"/> Other: (please list) _____  |

Name of Facility (list business name. If family child care, list provider's name)

Facility Phone No

Facility Physical Address (street address, apt no, city, state, zip)

Fax No

Mailing Address (if different than above)

County

## Section 5: Childcare Facility Information (Complete this section if you work/volunteer with children)

1. Is the facility that you volunteer or work for licensed by the Child Care Division?

- Yes  No/Exempt  Don't know

2. If yes, check the type of licensed child care facility you are associated with:

- Registered Family Child Care Home (RF)  Certified Family Child Care Home (CF)  Certified Child Care Center (CC)

3. If known, please list the facility's license number: \_\_\_\_\_

4. Check below what best describes your work setting:

- |   |   |
|---|---|
| <input type="checkbox"/> Child care center          | <input type="checkbox"/> Child's own home     |
| <input type="checkbox"/> Provider's home            | <input type="checkbox"/> K-12 school building |
| <input type="checkbox"/> Other: (please list) _____ |   |

5. Check below the maximum number of hours per day a child may attend the facility:

- Four hours or less  More than four hours

6. Check below the maximum number of months in a year that a child may attend the facility:

- 0-4 months  5-9 months  10-12 months

7. What age groups of children do you work with (check all that apply)?

- |                                  |                                     |  |
|----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Infant  | <input type="checkbox"/> Preschool  | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Toddler | <input type="checkbox"/> School-Age |  |

## Section 6: Enrollment Authorization

Oregon Registry Online (ORO) is a system that will manage your training and education records for licensing requirements and personal professional development. ORO 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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed

## Section 7: Additional Scholarship Intake Information

1. What is your professional goal? (setting and/or position in which you desire to work, if different from current

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2. What is your educational goal in regards to your community college study?

One-year certificate

Associate degree

Associate Applied Science degree

Other Certificates

Will transfer

Continuing education/training hours

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3. What is your status as a student?  part-time  full-time

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4. Have members of your family attended college in previous generations (for example, did either of your parents or grandparents attend a community college or four-year college or university)?

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