



Inter-County Community Council

Employment & Training Programs

A proud partner of the America Job Center network

GROW YOUR OWN – Early Childhood Educator Application

Applicant Name

Last	First	Middle Initial
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Contact Information

Street Address	Apartment / Unit #
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City	State	Zip Code
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() -	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone Number	Cell Phone?	Email Address

Applicant Information

<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Black / African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian Native / Pacific Islander <input type="checkbox"/> Other _____
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Do you have a diagnosed disability?
 Yes No

Is your family household gross income below 125% of the Federal Poverty Guideline?
 (see the chart to the right)
 Yes No

Are you currently enrolled in an early childhood education program?
 Yes No

Are you currently working in the early childhood field (no matter the role)?
 Yes No

	Dollars Per Year
Household/ Family Size	125%
1	18,825.00
2	25,550.00
3	32,275.00
4	39,000.00
5	45,725.00
6	52,450.00
7	59,175.00
8	65,900.00
9	72,625.00
10	79,350.00
11	86,075.00
12	92,800.00
13	99,525.00
14	106,250.00

ESSAY QUESTION:

What are your reasons for pursuing early childhood education and this financial support program?

Disclaimer and Release of Information

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to an award of funding, I understand that false or misleading information in my application or interview may result in the loss of the funds awarded.

I understand that I will be required to pass a background study / check in order to work in the early childhood education field. Yes No

If I am awarded funds, I grant Inter-County Community Council, Inc. (ICCC), its representatives and employees the right to take photographs, audio and video of me in connection with the GYO Early Educator award for outreach, advertising and publicity information. This may include any lawful purposes, including but not limited to brochures, posters, flyers, short video clips / slide shows, newspaper publications, reports, YouTube channel, social media platforms and website content. Yes No

Signature of Applicant _____

Parent / Guardian Signature (if applicant under 18) _____

Printed Name – Parent / Guardian _____

Application / Signature Date ____/____/____