



## 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

##### Contact Information

\_\_\_\_\_  
Street Address Apartment / Unit #

\_\_\_\_\_  
City State Zip Code

( ) - ☐ Yes ☐ No  
Phone Number Cell Phone? Email Address

##### Applicant Information

☐ Male ☐ Hispanic or Latino ☐ American Indian / Alaskan Native  
☐ Female ☐ Not Hispanic or Latino ☐ Black / African American  
☐ Other \_\_\_\_\_ ☐ White  
☐ Asian  
☐ Hawaiian Native / Pacific Islander  
☐ Other \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

##### What early childhood path are you currently in or planning to do?

- ☐ Child Development Associate
- ☐ Early Childhood Diploma – 1 Year Program
- ☐ Associate Degree in Early Childhood Education – 1 Year Program

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_