

First 5 San Francisco BA / MA Bonus - 2009-2010 Application

Applicant instructions: If you have multiple employers, please photocopy this form and have each employer complete a copy. You must include a copy of your original transcripts showing you have a BA or MA degree unless you have already submitted them to SF CARES. Applicants with a BA or MA degree in a non-related field must also show proof of earning a minimum of 24 ECE/CDEV units or a CA child Development Teachers Permit.

Applicant Information (Please print)

Last name	First name	MI	Social Security _____ - _____ - _____
Is this how your name appears exactly on your Social Security Card? <input type="checkbox"/> Yes, same as above <input type="checkbox"/> No, the name on my Social Security Card is: _____			
Home address		Apt #	City Zip code
Home phone	Cell Phone	Work Phone	E-mail
Check below if you have a California Child Development Permit: <input type="checkbox"/> Assistant <input type="checkbox"/> Associate <input type="checkbox"/> Teacher <input type="checkbox"/> Master Teacher <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Program Director			
If you have a California Child Development Permit, what is your permit number? _____		What Degrees do you hold? <input type="checkbox"/> BA in _____ <input type="checkbox"/> MA in _____	
Have you ever applied for SF CARES? <input type="checkbox"/> Yes <input type="checkbox"/> No		Which languages do you speak? _____	
Race and Ethnicity (according to the US Census) – Providing this information is Optional What is your race? Check all that apply. <input type="checkbox"/> Black, African American <input type="checkbox"/> White, Caucasian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Filipino <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Other Asian _____ <input type="checkbox"/> Other Pacific Islander _____ <input type="checkbox"/> Other _____			
If you are Spanish/Hispanic/Latino? Check one. <input type="checkbox"/> Cuban <input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other Spanish/Hispanic/Latino _____			
Applicant Signature - By signing this form, I certify that the information provided is true and correct. Applicant Signature: _____ Date: _____			

Site Information

Site type: <input type="checkbox"/> Center <input type="checkbox"/> FCC	Center/FCC name:	Address:	License #:
Site Funding Type: (Check all that apply) <input type="checkbox"/> Preschool For All <input type="checkbox"/> CDE/CDD/Title 5			

Employment Verification - One of your staff members is applying for a BA/MA stipend and employment verification is necessary. Please note that once an applicant is approved, in order to continue to be eligible for the stipend, s/he will need a quarterly signature to verify ongoing (FCC owners can skip this section.)

Date employee began working at this center or FCC: _____ / _____ / _____	Is this employee still employed at your center or FCC? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what was their last date of employment? _____ / _____ / _____
On average, how many paid hours does this staff member work per week? (If employee works varied hours, please average them and provide us with one number.) _____ hours per week	
What is staff member's current title?	If different from above, how would you categorize this staff member's current Title? <input type="checkbox"/> Substitute <input type="checkbox"/> FCC Assistant <input type="checkbox"/> Assistant <input type="checkbox"/> Associate Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> Master Teacher <input type="checkbox"/> Site Supervisor <input type="checkbox"/> FCC Owner
Please indicate the person at your site authorized to verify employment: (Please print name)	Title: _____ Phone: (415) _____
Employer Signature – By signing this form I certify that I am the person at this site/agency authorized to verify employment and that all information provided is true and correct: Employer Signature: _____ Date: _____	

Mail Applications to: SF CARES * 706 Mission Street, 6th Floor * San Francisco, CA 94103
 Or schedule an appointment by calling (415)856-8140 * No faxes will be accepted