

First 5 San Francisco BA / MA Bonus - 2010-2011 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
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 providing direct instruction to children per week? (During these hours the staff member must be counted in your center's adult-child ratio.) _____ 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