**Jeannette Watson Wage Supplement Application**

**Section 1 – Applicant Information - To Be Completed by Director**

**1. Applicant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Application:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Applicant Position:**

 **⁭** Teacher/Caregiver **⁭** Primarily work with Infants (0 – 17 months)

 **⁭**Floater/Aide **⁭** Primarily work with Toddlers (18 – 35 months)

 **⁭**Admin/Director **⁭**Primarily work with Preschool (3 – 5 years)

 **⁭**Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **⁭** Primarily work with School Age (6 – 12 years)

**3. Number of Hours Worked by Applicant (Per Week):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Number of Hours Applicant Works with Children Ages Birth-5 (Per Week):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Date of Hire:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **6. Current *Hourly* Rate/Wage:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sin ningún costo y a solicitud.

This document contains vital information about requirements, rights, determinations, and/or responsibilities for accessing workforce system services. Language services, including the interpretation/translation of this document, are available free of charge upon request.

**Section 2 – Center Information – To Be Completed By Director**

**7. Name of Program:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If you work at Head Start or multi-site childcare program, be specific as to which site)

**8. Program Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Apt/Suite

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City State County Zip Code

**9. Center Status (Check One): ⁭For Profit** ⁭**Non-Profit**

**10. Program Phone Number:** ( )\_\_\_\_\_\_\_\_\_\_\_\_\_ **Program Fax Number:** ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11. Program Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12. DFPS Facility License Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**13. Months per year program is in operation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**14. Total Number of Children Enrolled:** \_\_\_\_\_\_\_\_\_\_\_\_ **15. Number of CCS Children Enrolled:** \_\_\_\_\_\_\_\_\_

**16. Quality Rating (check all that apply):** ⁭**TRS star level\_\_\_\_\_** ⁭ **NAC** ⁭**NAEYC**

***I am authorized to provide employment verification; the information provided on this form is true and accurate to the best of my knowledge. (applicant cannot sign their own form)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name of Authorized Personnel Position/Title**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Authorized Personnel Date**

**Section 3 – General Information – To Be Completed By Applicant**

**Legal Name (Please match with Identification documents, ex. Social Security Card):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender:** ⁭**Male**  ⁭**Female**

**Ethnicity:** ⁭**Black/African American** ⁭**Asian American/Pacific Islander**

 ⁭**White/European American** ⁭ **Hispanic American/Latino/Latina**

 ⁭**American Indian (tribe):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ⁭**Biracial/Multiracial**  ⁭**Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Street Apt/Suite**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **City State County Zip Code**

**County of Residence:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** (*required* - correspondence will be sent through email) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you previously received the Jeanette Watson Wage Supplement?** ⁭**Yes** ⁭**No**

**If so, how much were you awarded and in what year?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

**Amount Year**

**Section 4 – Educational Background – To Be Completed By Applicant**

**Do you have a high school diploma or GED?** ⁭**Yes** ⁭**No**

**Are you currently enrolled in early childhood coursework at a community college, college, or university?** ⁭**Yes** ⁭**No If No, when was the last year you were enrolled? \_\_\_\_\_\_\_\_\_\_**

**Are you currently participating in the Teacher TRAC Scholarship Project?**

⁭**Yes** ⁭**No**

**Indicate each level of education you have completed (check all that apply)**

**Degrees (check all that apply): College/Year Awarded:**

⁭ **Ph.D. in Early Childhood Ed./Child Dev.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⁭ **Ph.D. other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⁭ **MA/MS in Early Childhood Ed./ Child Dev.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⁭ **MA/MS other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⁭**BA/BS in Early Childhood Ed./Child Dev.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⁭**BA/BS other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⁭**AAS in Early Childhood Ed./Child Dev.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⁭**Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 4 (Continued) – Educational Background – To Be Completed By Applicant**

**Diplomas, Certificates, & Credentials College/Year Awarded:**

**(Check All That Apply):**

⁭ **Community College Early Childhood Early** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Education Diploma (At Least 36 Hours)**

⁭ **Community College Child Dev. Certificate** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(at least 12 semester hours)**

 ⁭ **Early Childhood**

⁭ **Infant/Toddler**

⁭ **Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⁭ **Child Development Associate Credential (CDA)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⁭ **Earned for at least 12 semester hours**

⁭ **Earned with workshop hours**

⁭ **TX Credential** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⁭ **Early Childhood**

⁭ **Family Childcare**

⁭ **Administrator**

⁭ **Directors’ Credential**

**Have you earned any college credits that are not listed above?** ⁭**Yes** ⁭**No**

**If Yes, Please List:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 5 – Application Checklist – To Be Completed By Applicant**

**Each of the following items is required to process your application and must be submitted at the same time.**

* Complete Application (all questions must be answered)
* Copies of Transcripts for ALL college coursework completed\*
* Copy of Student ID for unofficial transcripts required
* Current paystub that accurately reflects hourly wage AND hours worked per week/pay period

**Copies of degrees or CDA Certificates will not be counted. Workshops and training hours are not acceptable documentation. All documents must be received in our offices by the deadline to be considered.**

**Section 6 – Statement of Affirmation – To Be Completed by Applicant**

*I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (applicant’s name), attest that the information provided on this application and the supporting documentation is true to the best of my knowledge. To be considered for the Jeannette Watson Wage Supplement, I understand that my name, address, education level, supplement amount, employer name, and employer address may be released to funders of the program or their designees. Information may also be shared with the Teacher TRAC Project as needed to support my participation in any of the programs listed. I authorize and consent to the release and sharing of such information by Workforce Solutions CCS to the third parties described. I hereby release Workforce Solutions CCS from any liability or damages that may result from the release or sharing of such information, including possible inaccuracies, errors, or omissions.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

If you think that you have been subjected to discrimination under a WIOA Title I–financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation. To learn more, visit our Equal Opportunity page at **https://www.wfscapitalarea.com/EqualOpportunity**.

**(Application continued on back)**



**Did you….**

* **Fill out *every* portion of the application?**
* **Have your Director FILL OUT AND SIGN the Director’s portion of the application?**
* **Include a paystub that reflects your current wages and number of hours per week?**
* **Include your transcripts and Student ID (with unofficial transcripts)? Certificates of completion will not be considered.**
* **All parts of the application must be submitted together.**

**If so…**

**Completed application may be hand delivered or mailed to:**

**Attn: Heather Pate**

**Jeannette Watson Wage Supplement**

**Workforce Solutions Child Care Services**

**9001 N IH 35 Suite 101C, Austin, TX 78753**

**Phone: 512.597.7187**

**heather.pate@wfscapitalarea.com**

**All paperwork must be in our office on or before December 13, 2019
at 5:00 p.m. to be considered. Faxes or e-mails will not be accepted.**

**Please consider timeframes when submitting applications.**

**Award notifications and regret letters will be sent out via e-mail in January 2020.**