



**SAN MIGUEL, OURAY, MONTROSE & DELTA COUNTIES  
PROFESSIONAL DEVELOPMENT SCHOLARSHIP REQUEST**

*For those seeking Early Childhood Education*

*Applicants are eligible up to \$500 once/year for tuition or registration (no books, supplies or travel)*

Applicant's Name/payable to: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Address: \_\_\_\_\_ City \_\_\_\_\_

I am a: Director \_\_\_ Teacher \_\_\_ Assistant \_\_\_ Home Care \_\_\_ Parent \_\_\_ Other \_\_\_\_\_

Place of Work \_\_\_\_\_ Do you work at least 20 hours/week? Yes \_\_\_ No \_\_\_ if no, how many hours? \_\_\_\_\_

Professional Development Training: (Describe the training you wish to take including dates.) \_\_\_\_\_

Briefly describe the value of this training to your professional development. How will you use the information you learned?: \_\_\_\_\_

\_\_\_\_\_ (please attached separate sheet)

**Cost of Training**

\*\*\*Required: Attach flyer, brochure or separate sheet budget describing training and cost\*\*\*

Total Cost \$ \_\_\_\_\_

List other support you will receive: \_\_\_\_\_ subtract \$ \_\_\_\_\_

Total requested \$ \_\_\_\_\_

Please make check payable to: \_\_\_\_\_

\*\*\**You must submit a Credential Application to Office of Professional Development to be eligible for these funds (find application on our website).*

I realize that I must pay for the training in advance and will be reimbursed for the scholarship amount after providing proof of attendance (copy of certificate or transcript) and the follow-up response. I understand that most scholarships are partial payment of the total cost. I understand that allocations are a committee decision and based on committee guidelines and that the committee meets monthly. I agree to disclose any potential conflicts of interest. I understand that I will be expected to attend at least one regular Bright Futures Regional Early Childhood Council meeting.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Send this form and supporting documents to Education Scholarship Committee, Bright Futures, PO Box 4216, Telluride, CO 81435

Fax 970-369-1312. Questions? E-mail: [Jill@BrightFuturesForChildren.org](mailto:Jill@BrightFuturesForChildren.org)

**Due dates: August 1, October 1, January 1, May 1**

Committee Review: Date received: \_\_\_\_\_ Date reviewed: \_\_\_\_\_ Award: \_\_\_\_\_ Authorized by: \_\_\_\_\_

signature



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**FOLLOW-UP RESPONSE**

**Please return this form and a *copy* of your certificate of attendance or transcript  
within 30 days of the training and prior to June 1 of the current year.  
(The Education Committee requires documentation that you attended the training  
and funds must be spent by June 30 of each year.)**

**Name of applicant:** \_\_\_\_\_

**Did the training meet your expectations?**

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**How will you use the information you learned?** \_\_\_\_\_

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**Do you recommend this training to others? Explain.**

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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