

Administrative Scholarship for Non-Administrators

- a. **This form is required of any applicant seeking scholarship to take a non-degree course to meet the OEC licensing 3 credit director requirement or Connecticut Director Credential (CDC) competency coursework / CDC fees whose program role is NOT listed as an administrator in the OEC Registry.**
- b. In order to best support success in these courses, individuals applying for this scholarship assistance **must have direct involvement in the decision making authority of the day to day operations of the program.**
- c. **Prior** to sending this form, the applicant **MUST** ensure that the following fields are correct in their Registry profile: name, email address, phone numbers and **CURRENT** role. Place of employment **CANNOT** reflect “Currently Unemployed” or a non-program option. Refer to the General Instructions on Registry Homepage www.ccacregistry.org.
- d. This form **MUST** be **completed by the applicant and signed by the supervisor or program owner** (i.e. Director, Board Chairperson, Authorized Human Resources Representative).
- e. Upload this completed form to your Registry account.

Name of applicant requesting scholarship: _____	
Signature of Applicant attesting to factual application: _____	Date: _____
Applicant's Registry ID #: _____	
Job title/current role of applicant: _____	
Is this applicant assigned to a classroom? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Does this applicant have direct involvement in the decision making authority of the day to day operations of the program ? <input type="checkbox"/> No <input type="checkbox"/> Yes (If no, DO NOT submit this form)	

Are you seeking... (a) the OEC licensing 3 credit director course requirement? <input type="checkbox"/> No <input type="checkbox"/> Yes
Or, are you seeking... (b) other Connecticut Director Credential (CDC) competency coursework? <input type="checkbox"/> No <input type="checkbox"/> Yes
Please tell us...Course number and name: _____
College offering the course: _____
Course start and end dates: _____
(For CDC coursework ONLY) Did you upload your approved CDC Plan of Study (from CDC office)? <input type="checkbox"/> No <input type="checkbox"/> Yes
Are you seeking related Connecticut Director Credential (CDC) fees? <input type="checkbox"/> No <input type="checkbox"/> Yes
IMPORTANT: You must contact your OEC Education Advisor to request applicable scholarship/s after uploading this form.

Supervisor / Owner Verification: I hereby attest the above information to be true and accurate.

Program's legal name: _____	
Program's address: _____	
Program's license number: _____	
Supervisor/Owner's Name: _____	
Supervisor's Job Title at Program: _____	Supervisor's Registry #: _____
Supervisor's Signature: _____	Date Signed: _____
Supervisor's Phone #, including extension: _____	
Supervisor's Email: _____	