What is the Rising STARS Tuition Assistance Program?
The Rising STARS Tuition Assistance Program pays 95% of tuition costs for eligible college coursework taken by early learning professionals, with a maximum benefit of $4,500 per individual each fiscal year (July 1 through June 30). The program covers tuition costs only, and does not include books, materials, or fees.

What are the eligibility requirements?
ALL applicants must meet all of the following criteria;
- Resident of Pennsylvania
- Employed at an early learning facility operated by your current legal entity for at least one year; Program must currently be designated STAR 1 or higher.
- Base wage of less than $20/hour
- Work in a Keystone STARS early learning program at least 20 hours/week (Currently this includes child care centers, group homes, and family homes, or Head Start sites)
- Maintain a Grade Point Average (GPA) of 3.0 (“B”) or higher
- Agree to remain employed at a Keystone STARS participating facility for 2 months for every credit purchased by the Rising STARS Tuition Assistance Program.

A course must:
- Be delivered by an accredited institution of higher education located in Pennsylvania or an accredited distance learning (online) institution of higher education.
- Provide at least one (1) college credit
- Be part of a program for the CDA, PA Director Credential, or PA School-Age Professional Credential OR
- Be part of a program that leads to a degree in early childhood education or child development (for Early Childhood Education (ECE) practitioners) or elementary education (for school-age practitioners) OR
- Be an early childhood education (or elementary education, for school-age professionals) course taken to obtain PA Teacher Certification OR
- Be an early childhood education (or elementary education, for school-age professionals) course taken to advance an individual’s placement on the PA Early Learning Career Lattice

How do I apply for the Rising STARS Tuition Assistance Program?
- November 2013: Download the application at www.pakeys.org and submit all required documentation as noted.
- After December 3, 2013: Download the application as described above or apply online at www.pakeys.org

Additional Information:
2013/2014 will provide a transition year from the Reimbursement Voucher program to the Rising STARS Tuition Assistance program.
- Individuals who have submitted a Voucher application and have been approved will receive reimbursement of 95% of the tuition cost without needing to submit any additional information. There will not be an adjustment made for those individuals who took summer courses and have already received their Voucher reimbursement money.
- Individuals who are currently taking classes but have not yet applied for the Voucher program may –
  o Apply for the Voucher Reimbursement program (Application must be received no later than December 20, 2013, OR
  o Apply for the Tuition Assistance Program (beginning 11/4/13)
- For courses beginning after January 1, 2014, individuals who submit complete applications and documentation at least 4 weeks prior to the start of their class will receive a check made out to the institution of higher learning, which they will then submit to the Bursar’s office as 95% payment for their coursework.
- Looking forward to 14/15, the goal is to have payments made directly to the colleges. Work will be happening this year with the most frequently utilized colleges to facilitate payments, cohort classes, etc.
INSTRUCTIONS: Complete this application form and mail it with all required documentation to the PA Keys to Professional Development at the above address. Complete all information requested in the spaces provided. Please complete a separate application for each course. Applicants will be notified by mail of incomplete applications – applications will not be considered for approval until they are complete.

1. APPLICANT INFORMATION

*Applicant’s Name: ________________________
(Please print or type) Last First Middle Maiden

*Social Security #: ________________________
(Required)

*Email Address: ________________________
(Required)

*Home Address: ________________________
Number Street Apt. # (if applicable) City State Zip Code

*Daytime Phone #: (_____)__________________ Evening Phone #: (_____)__________________

2. EMPLOYMENT INFORMATION

*I am a (must select one):

_____Family Child Care Home Provider - MPI ID #: _______Facility Name (From Registration Certificate): _____________________________

_____Group Child Care Home Employee - MPI ID #: _______Facility Name (From Certificate of Compliance): _____________________________

_____Child Care Center Employee - MPI ID #: _______Facility Name (From Certificate of Compliance): _____________________________

_____ Head Start Employee – Grant ID #: _____________________________
Grantee Name: _____________________________

*My Facility is currently a Keystone STARS level: ___STAR 1 ___STAR 2 ___STAR 3 ___ STAR 4

*My Facility is located in the following Regional Key: ___Northeast ___Northwest ___South Central ___Southeast ___Southwest

*I work _____ hours per week at the facility noted above.

*I have been employed in an early learning program operated by this legal entity for ___ years and ___ months.

*I work in a school-age program. ___Yes ___No

*I work in an infant or toddler classroom (Birth to 3rd Birthday). ___Yes ___No

*Early Childhood Education teacher certification is required for my position. ___Yes ___No

*PA Director Credential is required for my position. ___Yes ___No
3. DEGREE/CERTIFICATE INFORMATION
This course is part of a:

______ Child Development Associate (CDA) program

______ PA Director Credential Series

______ PA School-Age Credential Series

______ Associate Degree Program - Name of Degree: ________________________________

______ Bachelor Degree Program – Name of Degree: ________________________________

______ PA Early Childhood Education Teacher Certification Program (PreK-4)

*AND/OR
This is an Early Childhood Education (ECE) (or Elementary Education, if working in a school-age program) course that I am taking in order to advance my Career Lattice Level.

______ Yes    ______ No
If yes, please indicate course level:  ___ Associate    ___ Bachelor’s    ___ Master’s

My degree/certificate program requires ______ credits.

*I have completed ___ credits toward my degree/credential/certification.

*My expected month and year of graduation or credential or certification receipt is ______/______.

4. COURSE INFORMATION
*Course Number:   *Course Title: ____________________________________________________

*Name of Institution of Higher Learning: _____________________________________________

*Accrediting body: ________________________________________________________________


*Date course begins: ___/___/____    *Date course ends: ___/___/____    *# of credits: 1 2 3 4 5 6

(Circle one)

*Total tuition amount for course: $__________________(Do NOT include books, fees, other miscellaneous costs)

*Tuition for this course is funded/partially funded by another source.   Yes   No

*If yes, indicate the amount of funding: $__________________, and name of agency/organization that is providing the funding: ____________________________________________________________

*This is the first course that I am taking toward this degree/certificate.   ______ Yes     ______ No

If no, please indicate your current Grade Point Average (GPA): ____________

5. REQUIRED DOCUMENTATION – Please initial in blue ink on the line next to each item that is included with this application.

______ PA State Family Day Care Home Certificate of Registration (Family Child Care Homes) OR PA State Certificate of Compliance (Group Child Care Homes and Child Care Centers)

______ PA Teacher Certification (If coursework is being taken to support movement to Level 2 certification)
*Documentation from the institution of higher learning:

____ Course Title
____ Course Description (A short paragraph listing course number, title, and giving a synopsis of what will be taught in the course; may be photocopied from a hard copy course catalogue or printed from an online catalogue).
____ Dates of Course
____ Number of credits
____ Itemized Financial Billing Statement showing the cost of tuition for the course. The Billing Statement must indicate that the applicant has been registered for the course, and must state the course name and the tuition cost for that specific course. Fees or other costs should not be included in the tuition cost line.
____ Transcript showing current GPA (Not required only if this is the first course taken for this degree/certificate)

*Payment is to be made (must select one of the following):

____ Directly to the applicant (Financial Statement from institution of higher education showing proof of payment must be included)

____ To the employer, payable to ______________ employer mailing address ______________________ (Financial Statement from institution of higher education showing proof of payment must be included)

____ To the institution of higher education via the applicant, please list your student ID ______________ (Complete application and all required documents must be received a minimum of four weeks prior to the course start date).

6. APPLICANT ATTESTATIONS and AGREEMENTS - Please initial in blue ink on the line next to each statement; do not mark with a check mark or an “x.” All six items must be initialed in order for application to be considered complete.

____ I attest that I have been employed by ______________________________ since __/_/____. (Legal entity name) (mm/yy)

____ I attest that I work at least 20 hours per week at the above-named early learning program.

____ I attest that my hourly wage is less than $20.00/hour.

____ I understand that in accepting Rising STARS Tuition Assistance Program funds, I am agreeing to maintain my employment at my current legal entity or another Keystone STARS early learning program for two (2) months for each credit paid, not to exceed 24 months following the receipt of the most recent Rising STARS Tuition Assistance funds.

____ I understand that if I fail to maintain a grade point average (GPA) of 3.0 (“B”) or higher, I will not be eligible for the Rising STARS Tuition Assistance program for future classes until my GPA returns to a 3.0 or higher.

____ I understand that should I drop out of or not complete the above class, I am agreeing to reimburse the Rising STARS Tuition Assistance Program the amount of tuition paid on my behalf for this class.

7. EMPLOYER ATTESTATIONS – Program Director or Owner must initial in blue ink on the line next to each attestation. All three items must be initialed for an application to be considered complete. Do not mark with a checkmark or an “x.”

____ I attest that the applicant has been employed by ______________________________ since __/_/____. (Legal entity name) (mm/yy)

____ I attest that the applicant works at least 20 hours per week at the above-named early learning program.

____ I attest that the applicant’s hourly wage is less than $20.00/hour.

______________________________
Director/Owner Signature MUST BE SIGNED IN BLUE INK

______________________________
Date

______________________________
Printed Name of Director/Owner

______________________________
Title
8. STATEMENT
*I certify that the information on and enclosed with this application is true and correct to the best of my knowledge.

Applicant’s Signature MUST BE SIGNED IN BLUE INK

Date

Printed Name of Applicant

*All items marked with an asterisk must be completed.