

EIP | New York State Child Care Educational Incentive Program

Social Security Number:

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2024

A full program description and directions for completing an online application are available on our website: www.ecetp.pdp.albany.edu

Section 1 Applicant Information

Complete all fields.

First Name:

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Last Name:

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Mailing Address:

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Apt.#:

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City:

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State:

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Zip:

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County of Residence:

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Home Phone:

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Email address:

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Job Title:

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Do you currently hold a permanent/professional teacher certification?

Yes

No

Are you a U.S. Citizen, Permanent Alien or Resident Alien authorized to work in the U.S.?

Yes

No

Are you currently providing care for children as part of the regulated adult/child ratio for this program or directly supervising someone who is?

Yes

No

I submitted my most recent Federal Income Tax Return (1040).



Either 2022 Form 1040 (before 4/15/24) or 2023 Form 1040 (on or after 4/15/24)

Section 2 Child Care Employment Information

Complete all fields.

Name of Child Care Employer:

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Child Care Facility / Work Address:

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Suite/Room #:

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City:

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State:

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Zip:

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Program County/Borough:

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Work Phone:

(□□□)

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Child Care Program

Operating Permit/License #:

□□□□□□□□□□

Permit/License

Expiration Date:

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Family Day Care

Group Family Day Care

Day Care Center/Head Start

School Age Child Care

Did you attach Proof of Employment?

Yes

No

The Educational Incentive Program is sponsored by the New York State Office of Children and Family Services, funded by the federal Child Care Development Fund and administered by the Professional Development Program, Rockefeller College, University at Albany

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Copy this page if applying for more than one training.

Applicant Social Security Number: - -

Section 3 Training Information

Complete all fields.



Select Delivery Type AND Training Type

Delivery Type:

- Classroom/Virtual Classroom
- Online/Distance Learning

Training Type:

- Training/Conference/Workshop
- Training leading to a Credential
- Credential/Assessment Fee
- College Credit
- Coaching
- CPR/First Aid

Do not complete this application for CDA activities, use the separate CDA application.

Name of College/Training Organization:

Title of Training:

Training Start Date: / /

Training Organization/College Zip Code:

Training End Date: / /



If the training end date has already passed, proof of completion must be submitted with this application.

Total Cost of Training: \$.

Number of College Credits or Training Hours:

Trainer First Name:

Trainer Last Name:

Trainer Aspire ID#: (if known)

Section 4 EIP Agreement

Please read this carefully.

- The information on this application is true.
- I will provide the additional documentation requested to support the information on the application.
- EIP reserves the right to seek additional verification that the tax forms submitted are accurate and authentic.
- I will return all unused EIP awards within 60 days of the training start date or award issue date.
- I am responsible for tuition and costs not covered by EIP.
- I will pay EIP back for all training I do not attend or successfully complete or if it is verified that my eligibility was fraudulently documented.
- I will inform EIP if other scholarships, grants or financial aid pays for my course(s)/training(s).
- I understand EIP scholarships may be considered taxable income. I will follow all federal, state and local requirements regarding reporting and payment of taxes.
- I must provide proof of successful completion for the training above.
- I understand if I do not submit proof of completion, I will not be eligible for future EIP awards until required documentation is received by EIP.

Your original signature indicates you have read, understood and agree to the statements above.

Applicant's Signature: _____ Date: _____

Please print name: _____

? Did You...

Incomplete applications will not be considered received and will not be processed.

- complete sections 1, 2 and 3?
- attach all required documents?
- read, sign and date the agreement?
- mail the application by the appropriate deadline?

EIP does not accept faxed applications.

EIP is not responsible for lost or stolen mail.

Online applications are also available at:
www.ecetp.pdp.albany.edu

Mail your completed application and supporting documentation together to:

Professional Development Program
Educational Incentive Program
4 Tower Place, 4th Floor
Albany, NY 12203