



## C. College Credits Earned

1. What is the full name of the Early Childhood Education or related field certificate, diploma or degree you are working towards? \_\_\_\_\_

2. List eligible college courses completed towards your certificate, diploma, or degree, not previously reimbursed:

	Required for Degree?	Code	Class Name	Semester	Credits	Grade
ex	Yes, for AAS in ECE	EDU259	Curriculum Planning	Spring 20	3	B
1						
2						
3						
4						
5						
6						

Attach a copy of grades/ transcript from college/ university that includes 1) college/ university name, 2) Certificate, Diploma or Degree pursuing, 3) class names, 4) grade, and 5) END date for EACH class.

## E. New Applicants OR Previous Applicants with Changes/Updates (Complete & attach)

W-9 Form

## F. Application Signatures

"I understand that in addition to the above, other information may be required by the Smart Start of Forsyth County (SSFC). I will complete and submit all requested information by the established due date for my application to be processed." "My signature below verifies the following:

- All the information provided in this application & supporting documentation is complete & accurate.
- SSFC will report receipt of the Professional Development Incentive (PDI) to the IRS as required by law and I understand that I will be responsible for payment of any taxes.
- I have read and agree to abide by the criteria for award of the PDI as included in the Guidelines; and
- I am committed to remaining in the field of child care and plan to continue to build my knowledge of the Early Childhood field in order to provide the highest quality care possible to the children I serve."

Child Care Provider Signature: \_\_\_\_\_

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

*To be completed by Child Care Facility Director or Owner/Operator*

*I certify that the information provided in this application by the child care provider is accurate. I certify that the provider is currently employed in my child care program. I understand that the recipient of the Smart Start Professional Development Incentive must be working in a Forsyth County regulated child care facility, working with children birth to 5 years of age and employed a minimum of 20 hours per week. I understand that if it is found that this information is falsified, the provider will be required to return the funds awarded to the Forsyth County Partnership for Children.*

\_\_\_\_\_  
Signature of Facility Director/Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Facility Director/Owner

## G. SSFC Exception Form (Only one form needed per application & only if exception needed)

i. High School Diploma/GED **documentation exception requested:** *(include reason for exception, date completed & school name, if applicable)* \*Not required if you requested and received an exception.

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ii. NC Early Childhood Credentials **exception requested:** *(include alternate course name, code, school, date, if applicable)*  
\*Not required if you requested and received an exception.

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iii. Hire date **not verifiable by paystubs or hire letter. Attaching other supporting documentation:**

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\*Not required if you requested and received an exception.

iv. **During any week if this employee did not work the required** minimum of 20 hours:

**“This employee is still employed but could not work the required hours for that period because:”**

**Ran out of leave/paid time off.**

**Facility does not offer paid vacation or sick leave.**

*Attach a copy of the policy from facility personnel handbook that describes the benefits that are provided to employees.*

**Explain other reason:** \_\_\_\_\_.

v. **Course(s) completed that is NOT** an approved course. **College/University:** \_\_\_\_\_

**Course Name:** \_\_\_\_\_ **Semester/Year completed:** \_\_\_\_\_

**Please describe how this course information will be used in the child care setting and explain why the course does not align with the PDI requirements:**

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

vi. **Other exception:** *(Please describe in detail.)* \_\_\_\_\_

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**Please sign below to officially request the above exception(s):**

\_\_\_\_\_  
*Provider's Signature, Date*

\_\_\_\_\_  
*Director's Signature, Date (**REQUIRED for iii, iv, & v. above**)*


### Question or clarifications?

#### Smart Start of Forsyth County, Inc.

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