



ACADEMIC SCHOLARSHIPS



Program Changes!

PROFESSIONAL DEVELOPMENT PROGRAM
IN EARLY CARE AND EDUCATION

Bright from the Start: Georgia Department of Early Care and Learning is proud to support and encourage Georgia's early care and education professionals through the DECAL Scholars programs. These innovative programs help create a high quality, stable early care and education workforce that benefits families, contributes to the state's economy, and helps prepare Georgia's young children for success in school.



Application

SCHOLARSHIPS is Georgia's statewide educational assistance program for early care and education professionals pursuing credentials or degrees in early childhood education. **SCHOLARSHIPS** assists approved applicants with tuition and mandatory fees and provides a support stipend directly to them. Approved applicants must enroll in any of Georgia's technical colleges or any public or private institution that is SACS-accredited and HOPE-eligible. **SCHOLARSHIPS** funds all levels (through a Master's Degree) of study in early childhood education, child development, and child care administration.

TO BE ELIGIBLE:

- ✔ You must be a United States citizen, legal permanent resident, qualified alien or non-immigrant.
- ✔ You must be employed with your current employer for 30 days.
- ✔ You must be a teacher, assistant teacher, owner, director, or assistant director employed and paid by one of the following:
 - ✦ A child care learning center licensed by DECAL or the Department of Defense
 - ✦ An exempt Georgia Head Start center
 - ✦ A Georgia Pre-K teacher/assistant teacher in a public school
 - ✦ A DECAL registered family child care learning home
 - ✦ An Afterschool program licensed by DECAL.
- ✔ You must have a Georgia Development System (GaPDS) Profile reflecting the name of your current employer and a "Pending" or "Active" status.
- ✔ You must be accepted into a formal early childhood education program of study leading to the award of a credential or degree at an eligible institution.
- ✔ You must work a minimum of 15 hours per week in your primary role. Volunteer work does not qualify.



POWER-ED Workforce Supplements available for all approved Scholarships Applicants! More information on pages 9-10.

Substitute stipends available for all approved Scholarships applicants! More information on page 11.

Applications for **SCHOLARSHIPS** are accepted no earlier than 30 days prior to the term you plan to attend.

Rev 1/2023

All rules and eligibility requirements are subject to change without notification. Applications are updated when program revisions occur. Visit www.DECALscholars.com to download the most recent application or to apply online.

DETACH AND RETAIN FOR FUTURE REFERENCE

PROGRAMS OF STUDY	INSTITUTION ELIGIBILITY	AWARDS	AS A RECIPIENT YOU ARE EXPECTED TO:
<p>Technical Certificate of Credit (TCC) (Must have been employed with current employer or be a registered family child care learning home for 30 days)</p>	<p>Any of Georgia's technical colleges</p>	<p>Tuition Payment – 80% of tuition and mandatory fees not covered by the HOPE grant</p> <p>Support stipend each semester of \$250 for 1-3 credit hours or \$500 for 4 or more credit hours (FCCLH owners receive \$750 for 1-3 credit hours and \$1,500 for 4 or more credit hours)</p>	<ul style="list-style-type: none"> • Notify the SCHOLARSHIPS office immediately of any changes in schedule or of a decision to withdraw • Attend all classes and complete all assignments • Submit grades at the end of each term • Maintain a minimum overall GPA of 2.0 • Submit a copy of your TCC to SCHOLARSHIPS
<p>Technical College Diploma (TCD) (Must have been employed with current employer or be a registered family child care learning home for 30 days)</p>	<p>Any of Georgia's technical colleges</p>	<p>Tuition Payment – 80% of tuition and mandatory fees not covered by the HOPE or Pell grant</p> <p>Support stipend each semester of \$250 for 1-3 credit hours or \$500 for 4 or more credit hours (FCCLH owners receive \$750 for 1-3 credit hours and \$1,500 for 4 or more credit hours)</p>	<ul style="list-style-type: none"> • Notify the SCHOLARSHIPS office immediately of any changes in schedule or of a decision to withdraw • Attend all classes and complete all assignments • Submit grades at the end of each term • Maintain a minimum overall GPA of 2.0 • Submit a copy of your TCD to SCHOLARSHIPS
<p>Associate of Applied Science Degree (Must have been employed with current employer or be a registered family child care learning home for 30 days)</p>	<p>Any of Georgia's technical colleges or any SACS-accredited, HOPE-eligible public or private four-year institution offering a two-year degree in Early Childhood Education, Child Development or Child Care Administration.</p>	<p>Tuition Payment – 80% of tuition and mandatory fees not covered by the HOPE scholarship or Pell grant at Georgia public institutions or up to \$2,152 per semester at private institutions</p> <p>Support stipend each semester of \$250 for 1-3 credit hours or \$500 for 4 or more credit hours (FCCLH owners receive \$750 for 1-3 credit hours and \$1,500 for 4 or more credit hours)</p>	<ul style="list-style-type: none"> • Notify the SCHOLARSHIPS office immediately of any changes in schedule or of a decision to withdraw • Attend all classes and complete all assignments • Submit grades at the end of each term • Maintain a minimum overall GPA of 2.0 • Submit a copy of your degree to SCHOLARSHIPS
<p>Bachelor's Degree (Must have been employed with current employer or be a registered family child care learning home for 30 days)</p>	<p>Any of Georgia's SACS-accredited, public or private, HOPE-eligible institution offering a four-year degree in Early Childhood, Child Development or Child Care Administration</p>	<p>Tuition Payment – 80% of tuition and mandatory fees not covered by the HOPE scholarship or Pell grant at Georgia public institutions or up to \$2,152 per semester at private institutions</p> <p>Support stipend each semester of \$250 for 1-3 credit hours or \$500 for 4 or more credit hours (FCCLH owners receive \$750 for 1-2 credit hours and \$1,500 for 4 or more credit hours)</p>	<ul style="list-style-type: none"> • Notify the SCHOLARSHIPS office immediately of any changes in schedule or of a decision to withdraw • Attend all classes and complete all assignments • Submit grades at the end of each term • Maintain a minimum overall GPA of 2.5 • Submit a copy of your degree to SCHOLARSHIPS
<p>Master's Degree (Must have been employed with current employer or be a registered family child care learning home for 30 days)</p>	<p>Any of Georgia's SACS-accredited, public or private, HOPE-eligible institution offering a Master's Degree in Early Childhood, Child Development or Child Care Administration</p>	<p>Tuition Payment – Up to \$1,000 per semester toward tuition and mandatory fees at Georgia public and private institutions</p> <p>Support stipend each semester of \$250 for 1-3 credit hours or \$500 for 4 or more credit hours (FCCLH owners receive \$750 for 1-3 credit hours and \$1,500 for 4 or more credit hours)</p>	<ul style="list-style-type: none"> • Notify the SCHOLARSHIPS office immediately of any changes in schedule or of a decision to withdraw • Attend all classes and complete all assignments • Submit grades at the end of each term • Maintain a minimum overall GPA of 2.5 • Submit a copy of your degree to SCHOLARSHIPS
<p>Infant/Toddler Academic SCHOLARSHIPS (Must have been employed with current employer or be a registered family child care learning home for 30 days)</p>	<p>TCC: Any of Georgia's technical colleges offering an Infant/Toddler Care Specialist TCC</p> <p>Bachelor's Degree: Fort Valley State University's Infant & Child Development program</p>	<p>Tuition Payment – 80% of tuition and mandatory fees not covered by the HOPE grant</p> <p>Support stipend of \$500 each semester for 1-3 credit hours or \$1,000 for 4 or more credit hours</p>	<ul style="list-style-type: none"> • Notify the SCHOLARSHIPS office immediately of any changes in schedule or of a decision to withdraw • Attend all classes and complete all assignments • Submit grades at the end of each term • Maintain a minimum overall GPA of 2.0 (TCC program) or 2.5 (bachelor's degree program) • Submit a copy of your TCC to SCHOLARSHIPS

You must contact the **SCHOLARSHIPS office and submit copies of your grades upon completing a term and your schedule of classes for the next term in order to continue.**

Personal Information (Please print):

Name: _____ County of Residence: _____
First-middle initial-last (as it appears on your social security card)
 Home Address: _____ Apartment Number: _____
Street or post office box (Enter only one)
 City: _____ State: _____ Zip: _____
 Home Phone: () _____ Cell Phone: () _____ Date of Birth: ____ / ____ / ____
 Social Security Number: ____ / ____ / ____ E-mail: _____

OFFICE USE ONLY	Gender:	Race:	Ethnicity: (any race)
	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non Binary <input type="checkbox"/> I prefer not to answer <input type="checkbox"/> Other: _____	<input type="checkbox"/> White <input type="checkbox"/> Black / African-American <input type="checkbox"/> Asian <input type="checkbox"/> Native American / Alaskan Native <input type="checkbox"/> Native Hawaiian / Pacific Islande <input type="checkbox"/> Bi- / Multi-Racial <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Not Hispanic / Latino

Employment Information (Employer must complete, sign, and date):

Name of Facility: _____
Enter name as it appears on Bright from the Start license/registration
 Work Address: _____
Enter address as it appears on Bright from the Start license/registration
 City: _____ State: _____ Zip: _____
 License/Registration Number: _____ County: _____
 Phone: () _____

Facility type (check one): <input type="checkbox"/> Child Care Learning Center <input type="checkbox"/> Family Child Care Learning Home <input type="checkbox"/> Afterschool Program	Home or center is licensed by (check one): <input type="checkbox"/> GA Department of Early Care and Learning (DECAL) <input type="checkbox"/> Department of Defense (DOD)	OR	<input type="checkbox"/> Georgia Pre-K in a Public School <input type="checkbox"/> Exempt Georgia Head Start Center
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Family Child Care Learning Home Owners Only

Date you opened your family child care home: ____/____/____

Number of hours your family child care home operates each week: _____

Number of children currently enrolled in your family child care home: _____

Ages of children currently enrolled (circle all that apply):
 Birth - 1 1 2 3 4 5

Your Net Income from previous year's IRS Schedule C tax form: \$ _____

Child and Adult Care Food Program (CACFP)?
 Yes No

Serve GACAPS subsidized children?
 Yes No

Applicant's Employment Information

Applicant's Job Title (mark all that apply):
 Asst. Teacher Asst. Director Owner
 Teacher Director

Is the applicant a Georgia lottery-funded Pre-K teacher? Yes No

Is the applicant a Head Start or Early Head Start teacher? Yes No

Number of hours applicant works each week: _____

Number of months per year applicant works (circle one): 9 10 12

Number of months per year applicant is paid (circle one): 9 10 12

Applicant's current hourly wage: \$ _____

Applicant is paid: Weekly Bi-Weekly Bi-Monthly Monthly (circle one)

Applicant's date of hire: ____/____/____ (use original hire date if employment has been continuous with present employer, but at different locations)

If applicant is in the classroom, # of children in applicant's classroom: _____

If applicant is in the classroom, ages of children in class (check all that apply):
 Birth-1 1-2 2-3 3-4 4-5 5-12

As Owner, Director, Principal, or Human Resources Manager, I verify that the above employment information for this applicant is true and accurate. I understand and agree that receipt of SCHOLARSHIPS monies by the applicant will not affect any salary adjustments the applicant may be eligible to receive through our program. If the applicant is participating in the SCHOLARSHIPS program, I agree to give the applicant paid leave time to allow the applicant time to attend class, study, and complete classwork.

Name (print): _____ Title (print): _____
 Signature: _____ Date: _____

Select the early childhood education credential or degree you wish to earn:

- TCC–Technical Certificate of Credit
- TCD–Technical College Diploma
- Associates Degree
- Bachelor’s Degree
- Master’s Degree

Name of institution you attend/will attend: _____

What is the first term/year you wish to be considered for **SCHOLARSHIPS** (Example – Fall 2023): _____

Attach the following documents to your SCHOLARSHIPS application:

- A copy of two recent pay stubs reflecting the name of your employer, your name, and your gross (before deductions) wages. Family child care learning home providers and owners who do not pay themselves W2 wages submit a copy of last year’s Schedule C or other federal tax form documenting net business income.
- A copy of award/denial letter from HOPE and/or Pell (Not Applicable for a Master’s Degree.)
- A copy of your schedule of classes
- A copy of your Georgia Professional Development System profile reflecting your GaPDS number, the name of your current employer, and a “Pending” or “Active” status (see page seven for information.)
- Copy of the **FRONT** and **BACK** of a secure and verifiable document (see page six for information)
- Monthly Substitute logs signed by the Director and SCHOLARSHIPS recipient

Sign and date the application:

STATEMENT OF AFFIRMATION: Read carefully before signing and dating. Unsigned applications will not be processed.

I _____, (applicant’s name) attest that all of the information appearing on this application and in supporting documentation is true to the best of my knowledge. I understand that any false or incomplete information knowingly provided on this application or in supporting documents may be grounds to be denied participation in this program and may prevent me from future participation in any DECAL Scholars programs. I understand that intentionally providing false information on this application or in supporting documents is a violation of state law and may result in civil or criminal proceedings. I authorize any agent or employee of Georgia Department of Early Care and Learning to verify this information and release it to any necessary party for my consideration in this program. I understand that, if approved and awarded funds, I will receive a 1099 tax form and am required by the IRS to report the income on my tax return. I also understand and agree that my personal information may be shared with the Georgia Professional Development System. Under penalty of perjury, I certify that:

Applicant’s Signature

Date

Submit your application and supporting documents to:

DECAL Scholars Programs
 Fax: 678-822-5272
 Email: support@DECALscholars.com

DECAL Scholars programs are managed by Care Solutions, Inc.



Rev 1/2023

All rules and eligibility requirements are subject to change without notification. Applications are updated when program revisions occur. Visit www.DECALscholars.com to download the most recent application or to apply online.

***Affidavit For Lawful Presence Verification
For
Bright from the Start: Georgia Department of Early Care and Learning
SCHOLARSHIPS***

By executing this affidavit under oath, as an applicant for a SCHOLARSHIPS payment or for other public benefit as referenced in O.C.G.A. §50-36-1(a)(3)(A), I hereby swear and affirm that the following is true and correct with respect to my application for an SCHOLARSHIPS payment from Bright from the Start: Georgia Department of Early Care and Learning.

Name of Person Receiving Benefit: _____

Check only ONE of the following:

- 1) _____ I am a United States citizen 18 years of age or older.
- 2) _____ I am a legal permanent resident of the United States, 18 years of age or older.
(You must submit a copy of the FRONT and BACK of your Legal Permanent Resident card).
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older, with an alien registration number issued by the Department of Homeland Security or other federal immigration agency
(You must submit a copy of the FRONT and BACK of your Alien Registration Receipt card).

My alien registration number issued by the Department of Homeland Security or other federal immigration agency is: _____ **(Required if #2 or #3 is checked).**
(You must submit the FRONT and BACK of your LPR/QA card).

I also verify I am providing **A COPY OF THE FRONT AND BACK** of at least one secure and verifiable document, as required by O.C.G.A. Sec. 50-36-1(e)(1), with this affidavit. **A complete list of acceptable documents is on page 8 of this application.**

The **FRONT AND BACK** of the secure and verifiable document I am providing with this affidavit is:

(Identify the document, such as driver’s license, birth certificate if last name is still the same, permanent resident card, etc.)

In providing the above information under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit in any matter within the jurisdiction of any department or agency of state government shall be guilty of a violation of O.C.G.A. §16-10-20 and face criminal penalties as allowed by such criminal statute.

Signature of Applicant _____
Date

Printed Name: _____

Printed Address: _____
Mailing Address

City State Zip

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ____ DAY OF _____, 20__

Notary Public

My Commission Expires: ___/___, 20__

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2*Issued August 1, 2012 by the Office of the Attorney General, Georgia*

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- **A driver’s license** issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, providing that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A United States passport or passport card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An original or certified copy of a birth certificate** issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A United States Permanent Resident Card or Alien Registration Receipt Card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A United States military identification card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An identification card** issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, providing that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A tribal identification card** of a federally recognized Native American tribe, provided it contains a photograph of the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre?BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An Employment Authorization Document** that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A passport issued by a foreign government** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A Merchant Mariner Document or Merchant Mariner Credential** issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A Free and secure Trade (FAST) card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A NEXUS card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A driver’s license issued by a Canadian government authority** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A Certificate of Citizenship** issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A Certificate of Naturalization** issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **Certification of Report of Birth** issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **Certification of Birth Abroad** issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **Consular Report of Birth Abroad** issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

GEORGIA PROFESSIONAL DEVELOPMENT SYSTEM

All individuals applying for SCHOLARSHIPS must register with the Georgia Professional Development System for Early Childhood Educators (GaPDS) as a part of the application process. The GaPDS is separate from DECAL Scholars. It records and maintains your professional development information – your training and/or any credentials or degrees you earn, in one convenient location.

Registering is easy! You can sign up immediately, even if you have not earned a credential or degree, by entering any recent early childhood or related training you have received.

1. Gather your relevant training certificates, credentials, and/or transcript(s).
2. Go to <https://gapds.dec.al.ga.gov>. Click the Login/Register button.
3. Click **“Create new account for GaPDS.”**
4. Select **“I want to create and manage my Georgia Professional Development System profile or enroll in training”** and click Continue.
5. Follow the directions, including selecting your employer, to create your confidential account. Be sure to record your username and password and secure them for future use. You will receive a confirmation email. Follow the instructions in the email to complete your account.
6. After completing and saving the Contact, Education, Employment, and Training sections, scroll to the bottom of the page and look for the message **“Ready for Submission?”** Click on **“My Profile”**.
7. Scroll to the bottom of the screen and click on the **“Continue to Submission”** button.
8. Check the box next to **“I certify that the statements I have made to Bright from the Start: Georgia Department of Early Care and Learning . . .”** and click Submit. This will change your GaPDS status from Incomplete to Pending and you will be assigned a GaPDS Number.
9. Click the **“Profile”** link in the Reports box on the left side of the screen, print your GaPDS profile and submit with your **SCHOLARSHIPS** application. Your GaPDS profile must reflect your name, your GaPDS number, **the name of your current employer**, and a Pending or Active status.
10. You will receive an email identifying what you need to submit to the GaPDS to verify the information you entered. **The documents are not shared with the DECAL Scholars programs.**

Two other tabs appear when you enter the system to view your profile: Other Career Data and Demographics. Completing the information under these tabs is voluntary; this data is used by Bright from the Start to determine additional supports and services needed across the state.

You can update your profile at any time by submitting documentation of state-approved trainings, credentials, degrees, conference attendance, etc. as you complete them.

The GaPDS is a tool that benefits the early care and education community in Georgia, and we encourage you to take advantage of this opportunity. Thank you for your continued dedication to your professional development and your commitment to improving the quality of care for young children.

If you have questions or need technical support, contact the GaPDS at 404-334-6461 (866-258-7737 outside the metro Atlanta area) or email gapds@dec.al.ga.gov.