

SF CARES 2012 Stipend Application

Please read the 2012 SF CARES Guidelines before completing the application.

Important Application Information

- All units must be completed by 12/31/11.
- Official transcripts for all classes must be submitted by 03/02/12.
- Complete applications are due in the SF CARES office or designated City College of San Francisco Sites **no later than 4pm on 03/02/12.**
- Application must be completed in English only.
- Applications must have original signatures. Copies and faxes will not be accepted.

2012 SF CARES Drop Off Locations and Times

- **SF CARES Office**
Wu Yee Children's Services
706 Mission St. 6th FL
San Francisco CA, 94103
Monday – Friday: 9-4pm
Friday: Evening hours till 7pm*
***From 01/06/11 – 03/02/12**
- **City College Ocean Campus***
50 Phelan Ave, MUB 249
San Francisco, CA 94112
Wednesday: 9am – 1pm
***From 11/09/11 – 02/29/12**

SF CARES Contact Information

SF CARES Specialists:

- **Gilda Witherell:**
Spanish / English
Phone: (415) 230-7542
Email: gilda@wuyee.org
- **Wendy Huang :**
Cantonese (粵語) / Mandarin (國語) / English
Phone: (415) 230-7535
Email: wendy@wuyee.org
- **SF CARES Office**
Wu Yee Children's Services
706 Mission St. 6th Floor
San Francisco CA, 94103
Tel: (415) 856-8140
Fax: (415) 543-1844
Email: sfcars@wuyee.org

Applicant Information Part 1

All personal information is confidential

****Please provide at least two forms of contact information****

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ - _____ - _____

How is your name listed on your Social Security Card?

Same as above No, the name my Card is:

Home Address: _____ Apt/Unit #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Email Address: _____

Gender: Female Male Decline to state

Date of Birth: _____ (month/day/year)

Applicant Information Part 2

1. Are you Spanish/Hispanic/Latino?

Check one.

- No, not Spanish/Hispanic/Latino
 Yes, Cuban
 Yes, Mexican, Mexican American, Chicano
 Yes, Puerto Rican
 Yes, Other Spanish/Hispanic/Latino

2. What is your race?

Check all that apply.

- American Indian or Alaskan Native
 Filipino
 Native Hawaiian
 Asian Indian
 Guamanian or Chamorro
 Samoan
 Black, African American
 Japanese
 Vietnamese
 Chinese
 Korean
 White, Caucasian
 Other _____

3. Which languages do you speak:

4. In which language do you prefer to receive written information about CARES?

- English Spanish Chinese

Applicant Information Part 3

5. Highest level of education you have completed as of July 1, 2011. Please select only one.

- Less than high school diploma High school diploma or GED
 Some college courses 2 year college degree
 4 year college degree Graduate degree
 Some graduate school

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6. Highest level of ECE/CDEV education you have completed as of July 1, 2011. Please select only one.

- CDA/ROP in ECE 1-11 ECE units 12-23 ECE units 24 ECE units or more
 AA in ECE BA in ECE in progress BA/BS in ECE Some graduate ECE classes
 Graduate degree in ECE

7. When you applied to SF CARES for the first time, how many units and/or training did you have?

of ECE/CD Units _____ # of ECE/CD Workshops/Trainings _____

8. Please list the number of hours you attended in the following 2011 trainings:

Literacy _____ # Diversity _____ # Infant/Toddler _____ # Special Needs/Behavior _____
Health/Nutrition _____ # Pre-K Guidelines _____ # Desired Results _____ # Business/Management _____
Professional Growth Advising _____ # Harms Scales (ECERS, etc) _____ # Other _____

9. How many years have you been working in the field of Early Care and Education (ECE)? _____

10. How many years of experience do you have in the following types of care?

Licensed Family Child Care _____ Child Care Center: _____ License-Exempt Setting: _____

11. Do you currently participate with any of the following Provider Service Organizations in San Francisco?

- San Francisco Child Care Provider's Association (SFCCPA) –
Circle one: Teachers Meeting / General Meeting / Other
 Family Child Care Association of San Francisco.
 Family Child Care Network. If applicable, which network? _____

12. Professional Development Goals

Please indicate your goal in participating in the SF CARES program. Which of the following have you been working on this past year (January 1, 2011 – December 31, 2011). Check all that apply:

- Obtain my Child Development Permit for the first time.
 Move up on the Child Development Permit Matrix OR renew my Child Development Permit.
 Complete English as a Second Language classes, or Math or English prerequisites to allow me to pursue a college degree.
 Obtain a college degree (AA/AS) in ECE or a closely related field.
 Complete transfer requirements for a 4-year college/university.
 Obtain a 4-year college/university degree (BA/BS) in ECE or a closely related field.
 Obtain a post-graduate degree (MA/MS) in ECE or a closely related field.
 Obtain a Multiple Subject or Early Childhood Special Education Teaching Credential.
 I already hold a BA/BS or higher in ECE and a site supervisor permit or higher. My goal is to complete coursework for professional growth.

Informed Consent

SF CARES, WAGES Plus, Child Care Facilities Fund (LIIF), Professional Development Project (PDP)/City College of San Francisco, Gateway to Quality, and Preschool for All (PFA) are some of the several San Francisco programs working together to provide additional compensation and support to the Early Childhood field. These programs would like to share application and enrollment documentation to reduce the duplication of paperwork required to receive a stipend/funding, and to better understand the ECE field. Agreeing to these consents is optional, and is not required to receive a stipend.

Yes No

Signature

I certify that all information and documentation provided is true and correct. I understand that falsification of information and documentation will result in returning all monies with penalties and the exclusion from the program in future years. I also understand that before any monies are paid to me, I will be required to provide a W-9 tax reporting form.

Applicant Signature: _____ **Date:** _____