

# Gateways to Opportunity® Scholarship Program Supplement Application

For questions and additional information about the Gateways Scholarship Program please call 866.697.8278 or visit us at [www.ilgateways.com](http://www.ilgateways.com). **Please read through the Frequently Asked Questions before completing the application.** Please complete in blue or black ink.

**Application Status:**  New  Renewal  High School Student

Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Hourly Pay / Salary: \$\_\_\_\_\_ per hour / per year (*circle one*)

Hours worked per week: \_\_\_\_\_ Weeks worked per year: \_\_\_\_\_

Position: \_\_\_\_\_

**Which participating community college or university will you attend?** \_\_\_\_\_

**Which term would you begin?**  Fall  Winter  Spring  Summer

**What is or will be your major?**

Child Development  Early Childhood Education  Other (*specify major*) \_\_\_\_\_

**What is your primary goal for taking this coursework/credential?**

- |   |   |
|---|---|
| <input type="radio"/> Associates Degree Completion                                  | <input type="radio"/> Gateways Credential Completion    |
| <input type="radio"/> Bachelors Degree Completion                                   | <input type="radio"/> Great START Scale Advancement     |
| <input type="radio"/> Bachelors Degree Completion with Type 04 Teaching Certificate | <input type="radio"/> Masters Degree Completion         |
| <input type="radio"/> Bachelors or Masters Degree related to program administration | <input type="radio"/> Meet IDCFS Licensing Requirements |
| <input type="radio"/> Bilingual/ESL Approval/Endorsement                            | <input type="radio"/> Type 04 Certification             |
| <input type="radio"/> ECE Certificate through community college                     |   |

**How did you first learn about the Gateways Scholarship Program?** (*check only one*)

- |  |  |  |
|--|--|--|
| <input type="radio"/> Center Director      | <input type="radio"/> Local Child Care Resource & Referral | <input type="radio"/> Conference/Presentation          |
| <input type="radio"/> Mailing              | <input type="radio"/> Co-Worker                            | <input type="radio"/> Professional Development Advisor |
| <input type="radio"/> Provider Association | <input type="radio"/> Website/Social Networking            | <input type="radio"/> Other _____                      |

**ADDITIONAL PROGRAM INFORMATION (TO BE COMPLETED BY PROGRAM DIRECTOR OR OWNER)**

Director/Owner Name: \_\_\_\_\_

Current Enrollment: \_\_\_\_\_ # IDHS CCAP children currently in care: \_\_\_\_\_

**Program is:** *(check all that apply)*

- Full Day *(8 or more consecutive hours serving children)*
- Full Year *(program must serve children at least 47 weeks)*
- School-Age Program *(operates a minimum of 9 months, 38 weeks)*
- ISBE Funded Preschool For All *(operates one full school year)*

Hours of Operation: \_\_\_\_:\_\_\_\_am/pm \_\_\_\_:\_\_\_\_am/pm

**Type of Program Funding:**  Profit  Non-Profit *(check all that apply below)*

- |   |   |  |
|---|---|--|
| <input type="radio"/> Chicago Department of Family Support Services (DFSS)                      | <input type="radio"/> Government Sponsored      | <input type="radio"/> ISBE Funded Preschool For All      |
| <input type="radio"/> Chicago Public School   | <input type="radio"/> Hospital Sponsored        | <input type="radio"/> Religious Affiliation/Faith Based  |
| <input type="radio"/> fully funded <input type="radio"/> affiliated <input type="radio"/> other | <input type="radio"/> IDCFS Voucher/Certificate | <input type="radio"/> Tuition Based <i>(parent fees)</i> |
| <input type="radio"/> Community College   | <input type="radio"/> IDHS Site Contract        |  |
| <input type="radio"/> Corporate Sponsored   | <input type="radio"/> IDHS Voucher/Certificate  |  |

**EMPLOYER SIGNATURE**

I verify that the above program and employment information is accurate. I also certify that I will not manipulate wages or job titles in order for an employee to qualify. I further understand that the Illinois Department of Human Services or its designated agent has the right to review books and records of employers as they pertain to the Gateways Scholarship Program.

**Print Name:** \_\_\_\_\_

**Employer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## APPLICANT SIGNATURE

I verify that I have read this paragraph and the Frequently Asked Questions sheet. I further verify that all information provided is true and accurate. By signing below I understand that INCCRRA will use my signature as authorization to verify any information and documents I have submitted. I understand that the Illinois Department of Human Services may use my name and application information for research/evaluation purposes. I understand that any false or misleading statements or subsequent documentation may constitute ground for denial.

I understand that by participating in this program I am required to pay, upon receipt of the scholarship invoice, a percentage of the assessed cost of tuition and fees to INCCRRA.

I understand that by participating in this program I am making a work commitment to the field of early care and education or school-age care upon completion of coursework, a degree, certificate, approval, or endorsement. I further understand that failure to complete my work commitment will result in reimbursing INCCRRA for the cost of my last contract.

I authorize the higher education institution I will attend during my participation in the GSP to disclose to INCCRRA the amount of funds I receive from the Federal MAP Grant for the current school year. Additionally, I authorize the higher education institution to provide to INCCRRA grade reports for terms completed during my participation in the GSP, or official transcripts upon graduation, completion of a certificate, approval, or endorsement.

Print Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***This document serves as the contract for participation in the Gateways Scholarship Program.***

For questions and additional information about the Gateways Scholarship Program please call 866.697.8278 or visit us at [www.ilgateways.com](http://www.ilgateways.com).

**Mail completed application and required documentation to: INCCRRA/Applications • 1226 Towanda Plaza • Bloomington, IL 61701**

## Gateways to Opportunity Scholarship Program Supplement Checklist & Required Documentation

Please use the checklist provided to ensure that you have submitted all of the necessary documents needed to successfully complete your application. **Any missing documentation will delay the application process and could lead to ineligibility to participate in the program.** Upon review of your application additional documentation may be required.

### NEW Applicants

#### Required Documentation

Enclosed      On File at INCCRRA

#### All Applicants

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Completed and Signed Gateways Registry Membership Form                |
| <input type="checkbox"/> |                          | If on file, submit Information Update Form                            |
| <input type="checkbox"/> |                          | Completed and Signed Gateways Scholarship Supplement Application      |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of transcripts or any certificate of degree or credential earned |

#### Center Staff Applicants

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> |                          | Income Verification Form ( <i>4 weeks of most recent pay stubs</i> ) |
| <input type="checkbox"/> | <input type="checkbox"/> | Signed W-9 ( <i>IRS Form</i> )                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | W-2 ( <i>IRS Form</i> ) from previous tax year                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of current DCFS License   |

#### Family/Group Child Care Home Applicants

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Most recent Schedule C ( <i>IRS Form</i> )  |
| <input type="checkbox"/> | <input type="checkbox"/> | Form 8829 ( <i>IRS Form</i> ) from previous tax year <b>OR</b> Updated parent handbook  |
| <input type="checkbox"/> | <input type="checkbox"/> | Signed W-9 ( <i>IRS Form</i> )  |
| <input type="checkbox"/> |                          | Verification of children currently being served ( <i>proof of care form, copy of checks paid to provider for child care services, or completed IDHS child care assistance billing certificates/program verification</i> ) |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of current DCFS License  |

#### ISBE Funded Preschool for All

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> |                          | Letter signed by school superintendent or director, verifying applicant's position is an ISBE Funded Preschool for All classroom |
| <input type="checkbox"/> |                          | Income Verification Form ( <i>4 weeks of most recent pay stubs</i> )   |
| <input type="checkbox"/> | <input type="checkbox"/> | Signed W-9 ( <i>IRS Form</i> )   |
| <input type="checkbox"/> | <input type="checkbox"/> | W-2 ( <i>IRS Form</i> ) from previous tax year   |

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## RENEWAL Applicants

### Required Documentation

Enclosed    On File at INCCRRA

#### All Applicants

- Completed and Signed Information Update Form
- Completed and Signed Gateways Scholarship Supplement Application
- If expired - copy of current DCFS License

#### Center Staff Applicants

- Income Verification Form (*4 weeks of most recent pay stubs*)
- W-2 (*IRS Form*) from previous tax year

#### Family/Group Child Care Home Applicants

- Schedule C (*IRS Form*)
- Form 8829 (*IRS Form*) from previous year **OR** Updated parent handbook
- Verification of children currently being served (*proof of care form, copy of checks paid to provider for child care services, or completed IDHS child care assistance billing certificates/program verification*)

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## Bachelors Degree Scholarship Applicants

### Required Documentation

#### Enclosed

- Documentation of Admission to Participating University (*copy of acceptance letter or documentation of being accepted into your major from your college advisor*)
- Transcript Evaluation Completed by College or University (*must have 55 transferable semester hours or 82 transferable quarter hours to apply*)
- Copy of study plan or outline of coursework needed for degree completion

## Masters Degree Scholarship Applicants

### Required Documentation

#### Enclosed

- Documentation of Admission to Participating University (*copy of acceptance letter or documentation of being accepted into your major from your college advisor*)
- Copy of study plan or outline of coursework needed for degree completion
- Copy of transcripts verifying Bachelors Degree

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# Information Update Form

## SECTION 1 - CONTACT / PERSONAL INFORMATION

The Information Update form is used to update your information. Please fill out the Information Update Form and the corresponding program supplement to participate in a Gateways program. For questions and additional information please call (866) 697-8278 or visit us at [www.ilgateways.com](http://www.ilgateways.com).

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Has your name changed in the last 12 months?  Yes  No If yes, list previous name: \_\_\_\_\_

Person ID/Registry Member ID: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please contact me at my:  Home Address/Phone  Work Address/Phone (if completing section 2)

## SECTION 2 – CURRENT EMPLOYMENT

Please complete this section only if you are currently in part-time or full-time paid employment in the fields of Early Care and Education, School-Age, Youth Development, or Early Childhood Family Support. **If this does not apply to you, please skip this section.**

Employer Business Name: \_\_\_\_\_

Work Site Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

**Type of Program:** (check only one)

- |  |   |
|--|---|
| <input type="radio"/> Child Care Center            | <input type="radio"/> School-Age/Youth Development Program Only |
| <input type="radio"/> Family Child Care Home       | <input type="radio"/> Public or Private School                  |
| <input type="radio"/> Group Family Child Care Home | <input type="radio"/> Child Care Resource & Referral (CCR&R)    |
| <input type="radio"/> Head Start                   | <input type="radio"/> Other _____                               |

**This program is:**  Licensed by Illinois Department of Children and Family Services\*  License-Exempt  N/A

\*If Licensed, License ID number: \_\_\_\_\_ Licensed Capacity: \_\_\_\_\_

Date Employment Began: *(with this employer)* \_\_\_\_\_

Current Position Title: \_\_\_\_\_ Position Code: \_\_\_\_\_

Current Position Start Date: \_\_\_\_\_ *(refer to below)*

Hours worked per week: \_\_\_\_\_ Weeks worked per year: \_\_\_\_\_

**Position Codes** *(to be used above)*

**Direct Services to Children**

- |   |                                       |
|---|---------------------------------------|
| 1. Director and/or Administrator (one-site) | 10. Group Family Child Care Provider  |
| 2. Assistant Director                       | 11. Group Family Child Care Assistant |
| 3. Director/Teacher                         | 12. School-Age Child Care Teacher     |
| 4. Teacher                                  | 13. School-Age Child Care Assistant   |
| 5. Assistant Teacher                        | 14. Youth Development Practitioner    |
| 6. Teacher Aide (Preschool for All)         | 15. Other Direct Service              |
| 7. Substitute/Floater                       | 23. Home Visitors                     |
| 8. Family Child Care Provider               | 24. Home Visitor Supervisor           |
| 9. Family Child Care Assistant              |                                       |

**Indirect Services**

- |   |                                      |
|---|--------------------------------------|
| 16. Director/Administrator (multi-site) | 20. Education/Curriculum Coordinator |
| 17. CCR&R Staff                         | 21. Consultant                       |
| 18. Higher Education Faculty/Staff      | 22. Other Indirect Services          |
| 19. Trainer                             |                                      |

**Ages of Children You Currently Work With** *(Family Child Care check all that apply, others check only one.)*

- |   |  |
|---|--|
| <input type="radio"/> Infant <i>(6 wks-14 months)</i> | <input type="radio"/> School-Age <i>(K-12 years)</i> |
| <input type="radio"/> Toddler <i>(15-23 months)</i>   | <input type="radio"/> Youth <i>(13-21 years)</i>     |
| <input type="radio"/> Twos <i>(24-35 months)</i>      | <input type="radio"/> Not Applicable <i>(N/A)</i>    |
| <input type="radio"/> Preschool <i>(3-5 years)</i>    |  |

**SECTION 3 – APPLICANT SIGNATURE**

I verify that all information provided is true and accurate. I understand that INCCRRA or the Illinois Department of Human Services may use my name and application information for research/evaluation purposes only. I also understand that I will become a member of the Gateways to Opportunity Registry. I understand that periodically a **limited** amount of my Registry record information may be released to IDCFS, IDHS, OECD and/or my program administrator in order to verify compliance with State requirements and/or ExceleRate Illinois standards. This information would be related to my Registry membership being current; number of training hours completed; and/or status or completion of certain training, formal education or credentials as required by the State and/or ExceleRate.

**Print Name:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If applicant is under the age of 18, a parent or legal guardian signature is required below.

**Print Name:** \_\_\_\_\_

**Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail completed application to: INCCRRA/Applications • 1226 Towanda Plaza • Bloomington, IL 61701**



## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

# Illinois Gateways to Opportunity® Scholarship Program

## Frequently Asked Questions (FAQ's)

### Q. What is the Illinois Gateways to Opportunity Scholarship Program?

- A. The Gateways Scholarship Program is an individual-based scholarship opportunity, for practitioners working in early care and education. The program provides financial assistance for early childhood education and child development (ECE/CD) coursework and degrees offered through participating colleges and universities dependent on available funding. The Gateways Scholarship Program is administered by INCCRRA and funded by the Illinois Department of Human Services (IDHS) and the Illinois State Board of Education (ISBE).

### Q. Who is eligible to apply for the Gateways Scholarship Program?

- A. Practitioners working in an Illinois Department of Children and Family Services (IDCFS) licensed full-day, full-year\* child care program or family/group child care home, IDCFS licensed school-age child care programs operating a minimum of 9 months per year and ISBE Funded Preschool for All programs serving children for one full school year. Practitioners must also be working in one of the following positions:
- In IDCFS licensed programs: Family Child Care Provider, Family Child Care Assistant, Group Home Provider, Group Home Assistant
  - In IDCFS licensed programs: Center Staff: Director, Assistant Director, Teacher, Assistant Teacher, School-Age Teacher, School-Age Assistant
  - In an ISBE Funded Preschool for All (PFA) program that operates for a minimum of 9 months per year, as a Teacher or Teacher's Aide or and student teaching taking coursework towards a Type 04 Certificate or a Bilingual/ESL/Endorsement.
- \*A full-day, full year program operates 8 or more consecutive hours per day, for a minimum of 47 weeks per year.*

### Q. What additional eligibility requirements are there?

- A. Gateways Scholarship recipients must:
- Be educating and caring for Illinois children
  - Have been employed at their current center or home, for a minimum of one year
  - Have been employed in an ISBE Funded PFA program for one (1) full school year.
  - Work 15 hours per week or more on a continuous employment basis (*includes work and benefit time*)
  - Meet wage requirements
  - Be a citizen of the United States or legal alien
  - Commit to work in early care and education (ECE) or school-age child care for a period of time, based on scholarship type

### Q. How many credits can be registered for?

- A. A maximum of 15 semester hours or 23 quarter hours in a contract period. A contract period does not exceed one year.
- First time participants are only allowed to register for up to 6 semester hours or 9 quarter hours in their first term.
  - Bachelor's Degree applicants must have 55 transfer semester or 82 transfer quarterly hours accepted at participating 4 year institutions to apply.

### Q. What education will the Gateways Scholarship Program support?

- A. The program will pay a certain percentage of tuition and fees for eligible practitioners whose goal it is to earn:
- An Associate's Degree in ECE/CD
  - A Bachelor's Degree in ECE/CD
  - A Master's Degree in ECE/CD
  - Coursework to advance on the Great START Wage Supplement Scale
  - Coursework towards a Gateways to Opportunity Credential
  - A bachelor's or master's degree related to program administration for ECE/CD
  - A bachelor's degree with Type 04 certificate or coursework for Illinois Type 04 Teacher Certificate
  - 100% of the cost of tuition for Type 04 Student Teaching
  - Coursework for Bilingual/ESL Approval/Endorsement

**Q. How much scholarship assistance will Gateways provide? How much will I need to pay?**

A. Upon being found eligible and registering for coursework the Gateways Scholarship Program will pay the participating college and university 100% of the cost of tuition and fees up front. You will be billed for your percentage owed 30 days after the beginning of each term.

The percentages paid by the Gateways Scholarship Program and the recipient for tuition and fees\* are determined through a sliding income scale, which is based upon the recipient’s ECE or school-age child care position income:

% Gateways Scholarship Program Would Pay	% Applicant Would Pay	Hourly Wage	Gross Yearly Wage Working Full Time
90	10	up to \$12.50	up to \$26,020
80	20	\$12.51 - \$15.00	\$26,021 - \$31,220
70	30	\$15.01 - \$18.00	\$31,221 - \$37,459
60	40	\$18.01 - \$21.00	\$37,460 - \$43,699
50	50	\$21.01 - \$24.00	\$43,700 - \$49,920

\* The Gateways Scholarship Program will only pay for fees associated with taking a course. Gateways Scholarship Program will not pay out of district fees. For bachelor's and master's level coursework, the highest tuition rate a scholarship can be based on is the current school year rate of the University of Illinois Urbana-Champaign.

**Q. How do I apply to the Gateways Scholarship Program?**

A. The application and information on how to apply are available on the Gateways to Opportunity website at [www.ilgateways.com](http://www.ilgateways.com) or call 866-697-8278.

- Applicants must submit required documentation along with a scholarship application.
- Additional documentation may be required upon review of your application.

**Q. What is an “official transcript?”**

A. An official transcript is a transcript in a sealed envelope from an accredited college or university. The applicant should not open this envelope. Official electronic transcripts are also accepted if sent from an accredited college or university to [transcripts@incrra.org](mailto:transcripts@incrra.org). Copies of foreign evaluations may be accepted from the evaluation services found at <http://www.naces.org/members.htm>.

**Q. How will I know if I am eligible for the Gateways Scholarship Program?**

A. You will receive a letter within 30 days of the receipt of your completed and signed application and required documents informing you whether or not you are eligible. If eligible, you will be assigned to a Gateways Scholarship Counselor who will assist you throughout the scholarship process.

**Q. When do I apply for a Gateways Scholarship?**

A. The Gateways Scholarship Program accepts applications year round.

- Please submit your signed and completed application and required documents 3-6 weeks prior to the first day of class you intend to take.
- Scholarship applications are processed and approved on a “first come, first serve” basis and dependent upon availability of funds.

Your signed application serves as your contract with the Gateways Scholarship Program.

**Q. How long is my contract valid?**

A. All contracts end on the June 30th and may be renewed yearly on July 1st.



**Q. How long may I participate in the Gateways Scholarship Program?**

- A. You may sign as many contracts as needed to complete a degree, certificate, approval, endorsement or credential as long as balances owed are paid, all grades are submitted and all Gateways Scholarship Program eligibility requirements continue to be met. This includes a commitment period working in ECE or school-age child care. To renew a contract, please call your Gateways Scholarship Counselor at 866-697-8278.
  - All required documentation must be submitted for a contract to be considered valid.

**Q. When do I register for courses?**

- A. After receiving your eligibility letter, share the course(s) you wish to register for with your Gateways Scholarship Counselor at 866-697-8278. After speaking with a Counselor, you may contact your school and register for courses. Please use authorization time frames below:

Semester Hour Schools Authorization Timeframes	Quarter Hour Schools Authorization Timeframes
Fall Semester: July 1st–August 31st	Fall Term: July 1st–October 31st
Spring Semester: October 1st–January 31st	Winter Term: November 1st–January 31st
Summer Semester: April 1st–May 31st	Spring Term: February 1st–April 30th
	Summer Term I: May 1st–June 15th
	Summer Term II: July 1st–July 31st

**Authorizations are NOT allowed after deadlines.**

**Q. What would my work commitment period to early care and education and school-age care be, after participating in the Gateways Scholarship Program?**

- A. The work commitment period to early care and education is dependent upon coursework completed and scholarship type. Work commitment periods follow:
  - 6 months for completion of a coursework contract. Effective for contracts beginning July 1, 2013.
  - 1 year for AA completion
  - 1 year for BS or MS completion
  - 1 year for certificate, approval, endorsement completion

The work commitment must be completed in one of the following early care and education settings:

- IDCFS licensed full day, full year family/group child care home
- IDCFS licensed full day, full year child care center
- Licensed school-age program operating a minimum of 9 months a year
- ISBE Funded Preschool for All program

**Q. What would be my responsibilities for participating in this program?**

- A. If you are eligible for the Gateways Scholarship Program, your eligibility letter will tell you the amount you are required to pay and the length of your work commitment period upon completion of your contract.
  - You would be billed your portion of the cost of tuition and fees after INCCRRA receives billing from your school. You must pay within 30 days.
  - All payments must be made to: INCCRRA Gateways Scholarship Program, 1226 Towanda Plaza, Bloomington, IL 61701.
  - You will not be able to register for the next term unless you have paid your portion of the costs.
  - You will be required to submit grade reports at the end of every term.
  - If you do not submit grades for two consecutive term you will not be allowed to register for next term.
  - You must make a commitment to ECE or school-age care.

**Q. What happens if I leave my place of employment during a contract or a work commitment period?**

- A. If you leave your place of employment during a contract to work in another ECE or school-age program, you will need to contact your Gateways Scholarship Counselor immediately at 866-697-8278 to discuss your scholarship options. If you leave the field of ECE or school-age child care during your work commitment period, you will be required to reimburse INCCRRA costs of tuition and fees of your most recent contract.

