



Louisiana Pathways -
Scholarship Department
1800 Warrington Place
Shreveport, LA 71101
(318) 677-3163
(800) 245-8925

Early Childhood Ancillary Certificate Program Scholarship

Please print all information clearly

Section I – Applicant Section (to be completed by scholarship applicant)

Name _____

Social Security # XXX - XX - _____

Date of Birth ____/____/____

For Ancillary Program use only:
Name of program C3 Lab School

Mailing Address _____

City/State _____ Zip Code _____ Parish _____

Phone # Home () _____ Work () _____ Cell () _____

Email Address _____

Is this your first time applying for a Louisiana Pathways scholarship (of any kind)? Yes or No

Education Information:

What is the last school you attended?

Institution: _____
Name of School City State

What is your highest level of education?

☐ GED ☐ High School Diploma ☐ A.A. ☐ A.S. ☐ B.A. ☐ B.S.
☐ M.A. ☐ M.S. ☐ Ph.D. ☐ Other: _____

If you have earned a college degree, what was your major? _____

Have you completed any early childhood college courses? _____ If yes, how many? _____

The information on this application is accurate to the best of my knowledge. I give consent for the program I have chosen to share my personally identifiable information including but not limited to my schedule, fees, and my grades with Pathways Scholarship staff in order to determine eligibility for scholarships.

Applicant's Signature

Date

Section II – Employer Section (to be completed by employer, applicant cannot verify their own employment)

Current Employment Verification:

Name of Employee: _____

Center Name: _____

License # _____ License Type: I, II, III (please circle)

Physical Address _____

City/State/Zip _____

Type of Early Learning Program:

☐ Family Child Care Home

☐ Early Learning Center

☐ Early Head Start

☐ Head Start

☐ Other (explain): _____

Start date of employment: _____

Enter the number of **current hours per week** spent in each job area(s) (not to exceed 40 hours):

_____ hours as Director _____ hours as Assistant Director

_____ hours as Lead Teacher _____ hours as Assistant Teacher

_____ hours as Other (please specify) _____

I certify that the above information is true and correct, and I recommend and support this applicant's desire to attend their chosen Early Childhood Ancillary Certificate Program.

Print Employer/Director's Name

Contact phone _____

Email address _____

Employer/Director's Signature

Date

***** Once completed, give this form to: your Early Childhood Ancillary Teaching Certificate Program representative. They will forward your information to Louisiana Pathways along with your proof of registration, schedule, and tuition information. Applications sent directly to Pathways from the scholarship applicant will not be processed.**