

# 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 this application.** Please complete in blue or black ink.

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

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

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Registry Member ID: \_\_\_\_\_

**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?**

- ☐ Associate's Degree Completion
- ☐ Bachelor's Degree Completion
- ☐ Master's Degree Completion
- ☐ Bilingual/ESL Approval/Endorsement
- ☐ ECE Certificate through Community College
- ☐ Gateways Credential Completion
- ☐ Great START Scale Advancement
- ☐ Meet IDCFS Licensing Requirements
- ☐ Professional Educator Licensure (PEL) with an endorsement in Early Childhood

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

- ☐ Center Director ☐ Local Child Care Resource & Referral ☐ Conference/Presentation
- ☐ Jumpstart ☐ IDCFS ☐ Mailing
- ☐ Co-Worker ☐ Professional Development Advisor ☐ Provider Association
- ☐ Website/Social Networking ☐ Other \_\_\_\_\_

## APPLICANT SIGNATURE

I verify that I have read, and understood this paragraph and the Frequently Asked Questions and that all information and documentation provided is true and accurate. I understand that any false or misleading statements, information, documentation, manipulation of wages, refusal of wage increases or bonuses in order to become eligible or maintain eligibility for the Gateways Scholarship Program (GSP) may constitute grounds for denial in this and any INCCRRA administered programs. By participating in the GSP I am making a work commitment to the field of early care and education or school-age care upon completion of coursework, degree, certificate, approval, or endorsement. 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.

By signing below I understand that the Illinois Department of Human Services (IDHS) and INCCRRA will use my signature as authorization to verify any information and documents I have submitted, and that IDHS may use my name and application information for research/evaluation purposes.

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

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

▶▶ THIS DOCUMENT SERVES AS THE CONTRACT FOR PARTICIPATION IN THE GATEWAYS SCHOLARSHIP PROGRAM ◀◀

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

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

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

**Program is:** *(as it relates to the applicant)*

- ☐ 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)
- ☐ An ExceleRate Illinois Bronze, Silver, or Gold Circle of Quality Program

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

Gateways Scholarship Applicant's Job Title/Position: \_\_\_\_\_

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

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

## EMPLOYER SIGNATURE

I verify that I have read, and understood this paragraph and that all employer and employee information and documentation provided herein is true and accurate. Additionally, I verify that I have not manipulated employee job titles and wages, or withheld, withdrew or deducted salary increases or bonuses, in order for the named employee to become eligible for or to maintain eligibility in the Gateways Scholarship Program. By signing below I understand that the Illinois Department of Human Services (IDHS) and INCCRRA will use my signature as authorization to review the employer financial records, employee personnel records and any other applicable files and records. IDHS may ban employer participation and all employees if an employer has submitted false or misleading information and documentation, or manipulated employee wages in any manner.

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

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

## 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="radio"/> | <input type="radio"/> | Completed and Signed Gateways Registry Membership Form                |
| <input type="radio"/> |                       | If on file, submit Information Update Form                            |
| <input type="radio"/> |                       | Completed and Signed Gateways Scholarship Supplement Application      |
| <input type="radio"/> | <input type="radio"/> | Copy of transcripts or any certificate of degree or credential earned |
| <input type="radio"/> | <input type="radio"/> | Signed W-9 (IRS Form) with applicant's personal information           |

#### Center Staff Applicants – Employed for minimum of one year

4 weeks of most recent pay stubs

- |                       |                       |                                       |
|-----------------------|-----------------------|---------------------------------------|
| <input type="radio"/> | <input type="radio"/> | W-2 (IRS Form) from previous tax year |
|-----------------------|-----------------------|---------------------------------------|

*Please Note: Status of program's IDCFS License will be verified.*

- OR -

#### Center Staff Applicants – Employed for less than one year, but more than 90 days (and employed in an ExceleRate Illinois Bronze, Silver, or Gold Circle of Quality Program).

- |                       |  |                                  |
|-----------------------|--|----------------------------------|
| <input type="radio"/> |  | 90 days of most recent pay stubs |
|-----------------------|--|----------------------------------|

*Please Note: Status of program's IDCFS License will be verified.*

*Please Note: If you are working towards a Professional Educator License or ESL/Bilingual endorsement, you must be employed for one full year and submit documents required for Center Staff Applicants-Employed for minimum of one year.*

- OR -

#### Family/Group Child Care Home Applicants

- |                       |                       |  |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | Most recent Schedule C (IRS Form)  |
| <input type="radio"/> | <input type="radio"/> | Form 8829 (IRS Form) from previous tax year <b>OR</b> Updated parent handbook  |
| <input type="radio"/> |                       | Verification of children currently being served (proof of care form or completed IDHS child care assistance billing certificates/program verification) |

*Please Note: Status of program's IDCFS License will be verified.*

- OR -

#### ISBE Funded Preschool for All Staff Applicants

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

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 Ave • Bloomington, IL 61701**

RENEWAL Applicants

Required Documentation

Enclosed      On File at INCCRRA

All Applicants

- |                       |                       |   |
|-----------------------|-----------------------|---|
| <input type="radio"/> |                       | Completed and Signed Information Update Form  |
| <input type="radio"/> |                       | Completed and Signed Gateways Scholarship Supplement Application  |
| <input type="radio"/> |                       | If expired - copy of current IDCFS License <i>(if applicable)</i>   |
| <input type="radio"/> | <input type="radio"/> | Signed W-9 <i>(IRS Form)</i> - updated form needed if changes occurred since previous eligible application <i>(ex. name change, move/change of address, etc.)</i> |

Center Staff Applicants *and* ISBE Funded Preschool for All Staff Applicants

- |                       |                       |  |
|-----------------------|-----------------------|--|
| <input type="radio"/> |                       | Four weeks of most recent pay stubs          |
| <input type="radio"/> | <input type="radio"/> | W-2 <i>(IRS Form)</i> from previous tax year |

Family/Group Child Care Home Applicants

- |                       |                       |   |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | Schedule C <i>(IRS Form)</i>  |
| <input type="radio"/> | <input type="radio"/> | Form 8829 <i>(IRS Form)</i> from previous year <b>OR</b> Updated parent handbook  |
| <input type="radio"/> | <input type="radio"/> | Verification of children currently being served <i>(proof of care form or completed IDHS child care assistance billing certificates/program verification)</i> |

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## Bachelor's Degree Scholarship Applicants

### Required Documentation

#### Enclosed

- ☐ Transcript Evaluation Completed by College or University (*must have 55 transferable semester hours or 82 transferable quarter hours to apply*) or conferred Associate's Degree
- ☐ Copy of study plan or outline of coursework needed for degree completion

## Master's Degree Scholarship Applicants

### Required Documentation

#### Enclosed

- ☐ Copy of study plan or outline of coursework needed for degree completion
- ☐ Copy of transcripts verifying Bachelor's 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              | 25. Family, Friend, or Neighbor Caregiver |

##### 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 information for research/evaluation purposes. For more information, please view the Privacy Policy at: [www.ilgateways.com](http://www.ilgateways.com). 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 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 Ave • Bloomington, IL 61701**

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)  INCCRRA 1226 Towanda Ave Bloomington, IL 61701
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

<b>Part I Taxpayer Identification Number (TIN)</b> Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally 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 <i>How to get a TIN</i> on page 3. <b>Note.</b> If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.	<b>Social security number</b> <table border="1"><tr><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></tr></table> <b>or</b> <b>Employer identification number</b> <table border="1"><tr><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>					-			-									-							
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<b>Part II Certification</b> 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. <b>Certification instructions.</b> 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>Signature of U.S. person ▶</b>  <b>Date ▶</b>
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### General Instructions

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

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. See *What is FATCA reporting?* on page 2 for further information.



# Gateways to Opportunity® Scholarship Program

## Frequently Asked Questions (FAQ's)

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

- A. The Gateways Scholarship Program is an individual-based scholarship opportunity, for professionals 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 can apply for the Gateways Scholarship Program?

- A. Professionals employed by 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 nine 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, 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 nine months per year: Teacher or Teacher's Aide
- \*A full-day, full year program operates eight 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 IDCFS licensed program center or home, for a minimum of one year, or an ExceleRate Illinois Bronze, Silver, or Gold Circle of Quality program for 90 days (not including PFA programs).
  - Have been employed at an ISBE Funded PFA program for one full school year.
  - Work a minimum average of 15 hours per week or more on a continuous employment basis (*includes work and benefit time*) and at least 47 weeks per year.
  - Meet wage requirements.
  - Be a citizen of the United States, be a lawful permanent resident, or reside in the State of Illinois.
  - Commit to work in early care and education (ECE) or school-age child care for a period of time, based on scholarship type, upon the completion of the scholarship contract.

### Q. How many credits will the scholarship assist with?

- A. Scholarship recipients may be authorized for up to 5 courses in a contract period or a maximum of 15 semester/23 quarter hours in a contract period (for courses outside of the typical length course). A contract period does not exceed one year.
- Bachelor's Degree applicants must have 55 transfer semester or 82 transfer quarterly hours accepted at participating four year institutions or a conferred Associate's Degree to apply.

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

- A. The program will pay a certain percentage of tuition for eligible practitioners whose goal it is to earn:
- An Associate, Bachelor's, or 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.
  - Coursework for Illinois Professional Educator Licensure in Early Childhood.
  - 100% of the cost of tuition for Professional Educator Licensure in Early Childhood 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 a percentage of the cost of tuition for specific number of college credits, dependent on your income level.

The percentage paid by the Gateways Scholarship Program for tuition is determined through a sliding invoice scale, which is based upon the recipient's income at time of award.

% of Tuition Gateways Scholarship Program Would Pay	Applicant Responsibility to College or University	Hourly Wage
100%	0%	up to \$4.25 over Illinois State Minimum Wage
90%	10%	\$4.26 to \$7.00 over Illinois State Minimum Wage
80%	20%	\$7.01 to \$10.00 over Illinois State Minimum Wage
70%	30%	\$10.01 to \$13.00 over Illinois State Minimum Wage
60%	40%	\$13.01 to \$16.00 over Illinois State Minimum Wage

**Gateways Scholarship Program will not pay out of district costs.**

**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. Checklists listing required documentation are included with the scholarship application.
  - Additional documentation may be required upon review of your application.

**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 three-six 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. 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 [www.naces.org/members.htm](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 notification 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 Specialist who will assist you throughout the scholarship process.

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

- A. All contracts end on 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, licensure, endorsement or credential as long as all Gateways Scholarship Program eligibility requirements and responsibilities continue to be met. This includes a commitment period working in ECE or school-age child care. To renew a contract, please complete a new Gateways Scholarship Program application.
- All required documentation must be submitted for a contract to be considered valid.

**Q. Can the Gateways Scholarship Program be combined with other financial aid?**

- A. Yes, you can apply for other financial aid in addition to the Gateways Scholarship Program. If you receive a MAP Grant, your college or university will deduct the MAP Grant prior to invoicing the Gateways Scholarship Program for your tuition.

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

- A. After receiving your eligibility notice, share the course(s) you have registered for with your Gateways Scholarship Counselor by completing and submitting the **Participant Class Schedule** found on the Gateways website. Your Gateways Scholarship Counselor will send a course authorization to your college or university. Please use course authorization time frames below:

Semester Hour Schools Authorization Time Frames*	Quarter Hour Schools Authorization Time Frames*
Fall Semester: July 1st–August 31st	Fall Quarter: July 1st–September 30th
Spring Semester: October 1st–January 15th	Winter Quarter: November 1st–January 15th
Summer Semester 1: April 1st–May 31st	Spring Quarter: February 1st–April 30th
Summer Semester 2: July 1st–July 31st	Summer Quarter 1: July 1st–July 31st
	Summer Quarter 2: July 1st–August 15th

**Authorizations are NOT allowed after deadlines.**

**\*Exceptions may be made on a case by case basis for schools who offer mid-term classes.**

**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:
- Six months for completion of a coursework contract.
  - One year for completion of a degree (associate, bachelor's, master's)
  - One year for certificate, licensure, endorsement completion

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

- In IDCFS licensed programs: Family Child Care Provider, Family Child Care Assistant, Group Home Provider, Group Home Assistant, 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 nine months per year: Teacher or Teacher's Aide.

The commitment period beings at the completion of the scholarship contract. All scholarships end on June 30th.

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

- A. If you are eligible for the Gateways Scholarship Program, your eligibility notice will tell you the percentage of your tuition that will be paid to your college of university.
- You will be required to submit grade reports at the end of every term.
  - If you do not submit grades for two consecutive terms you will not receive scholarship support for next term.
  - You must make a commitment to ECE or school-age care. The commitment period beings at the completion of the scholarship contract. All scholarship contracts end on June 30th.

**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 Specialist immediately at [scholarship@ilgateways.com](mailto:scholarship@ilgateways.com) 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 the cost of your most recent contract.

▶▶ YOUR SIGNED APPLICATION SERVES AS YOUR CONTRACT WITH THE GATEWAYS SCHOLARSHIP PROGRAM ◀◀

# Illinois Gateways to Opportunity® Scholarship Program Participant Class Schedule

This form is to be used for reporting your class schedule to your Gateway to Opportunity Scholarship Program (GSP) Specialist. Refer to the Course Approval Schedule below for dates of authorization per semester/term. Please email this form to [scholarship@ilgateways.com](mailto:scholarship@ilgateways.com).

**There is a contract limit of up to 5 courses in a contract period OR a maximum of 15 semester/23 quarter hours in a contract period. All contracts end on June 30.**

Name: \_\_\_\_\_ Registry Member ID: \_\_\_\_\_

School Attending: \_\_\_\_\_

Year: \_\_\_\_\_ ☐ Fall ☐ Winter ☐ Spring ☐ Summer 1 ☐ Summer 2

Course Prefix: \_\_\_\_\_ Course #: \_\_\_\_\_ Course Title: \_\_\_\_\_ Credits: \_\_\_\_\_ Start Date: \_\_\_\_\_

Course Prefix: \_\_\_\_\_ Course #: \_\_\_\_\_ Course Title: \_\_\_\_\_ Credits: \_\_\_\_\_ Start Date: \_\_\_\_\_

Course Prefix: \_\_\_\_\_ Course #: \_\_\_\_\_ Course Title: \_\_\_\_\_ Credits: \_\_\_\_\_ Start Date: \_\_\_\_\_

Course Prefix: \_\_\_\_\_ Course #: \_\_\_\_\_ Course Title: \_\_\_\_\_ Credits: \_\_\_\_\_ Start Date: \_\_\_\_\_

## Course Approval Schedule

Semester	Hour Schools Authorization Time Frames*	Quarter Hour Schools Authorization Time Frames*
Fall Semester: July 1st–August 31st		Fall Quarter: July 1st–September 30th
Spring Semester: October 1st–January 15th		Winter Quarter: November 1st–January 15th
Summer Semester 1: April 1st–May 31st		Spring Quarter: February 1st–April 30th
Summer Semester 2: July 1st–July 31st		Summer Quarter 1: July 1st–July 31st
		Summer Quarter 2: July 1st–August 15th

**Authorizations are NOT allowed after deadlines.**

**\*Exceptions may be made on a case by case basis for schools who offer mid-term classes.**

If you do not receive confirmation of your authorized coursework, please contact your GSP Specialist at 866.697.8278.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_