

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. **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?

- | | |
|---|--|
| <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 PEL with an endorsement in Early Childhood | <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"/> Professional Educator Licensure (PEL) with an endorsement in Early Childhood |
| <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"/> Jumpstart | <input type="radio"/> IDCFS | <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"/> Higher Education Institution | <input type="radio"/> IDHS Site Contract | |
| <input type="radio"/> Corporate Sponsored | <input type="radio"/> IDHS Voucher/Certificate | |

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:** _____



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 required to pay to INCCRRA, upon receipt of the GSP invoice, a percentage of the assessed cost of tuition and fees. 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.

For questions and additional information about the Gateways Scholarship Program please call 866.697.8278 or visit us at 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 |
| <input type="checkbox"/> | <input type="checkbox"/> | Signed W-9 (<i>IRS Form</i>) with applicant's personal information |

Center Staff Applicants

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | | Four weeks of most recent pay stubs |
| <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 IDCFS License |

- OR -

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 OR Updated parent handbook |
| <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 IDCFS License |

- OR -

ISBE Funded Preschool for All Staff Applicants

- | | | |
|--------------------------|--------------------------|--|
| <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"/> | | Four weeks of most recent pay stubs |
| <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 IDCFS License (*if applicable*)
- Signed W-9 (*IRS Form*) - updated form needed if changes occurred since previous eligible application (*ex. name change, move/change of address, etc.*)

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

- Four 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.

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.)

- Infant (6 wks-14 months)
- Toddler (15-23 months)
- Twos (24-35 months)
- Preschool (3-5 years)
- School-Age (K-12 years)
- Youth (13-21 years)
- Not Applicable (N/A)

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. 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.**

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 one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ▶ _____ Note. 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	INCCRRA 1226 Towanda Ave Bloomington, IL 61701
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)	Social security number																																								
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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> <tr> <td colspan="3"></td> <td style="text-align: center;">-</td> <td colspan="3"></td> <td style="text-align: center;">-</td> <td colspan="6"></td> </tr> </table>																		-				-																		
			-				-																																		
Note. 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.	<p>or</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="12">Employer identification number</td> </tr> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> <tr> <td colspan="3"></td> <td style="text-align: center;">-</td> <td colspan="10"></td> </tr> </table>	Employer identification number																													-										
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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.	

Sign Here	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. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at 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.

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 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 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: Teacher or Teacher's Aide
- *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
 - 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 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 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 at 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 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. 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 an email 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, licensure, 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 email, share the course(s) you wish to register for with your Gateways Scholarship Counselor by completing and submitting the **Participant Class Schedule** found on the Gateways website. 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 Quarter: July 1st–October 31st
Spring Semester: October 1st–January 31st	Winter Quarter: November 1st–January 31st
Summer Semester 1: April 1st–May 31st	Spring Quarter: February 1st–April 30th
Summer Semester 2: July 1st–July 31st	Summer Quarter 1: May 1st–June 30th
	Summer Quarter 2: 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.
 - 1 year for AA completion
 - 1 year for BS or MS completion
 - 1 year for certificate, licensure, 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.
 - If you are a Great START recipient **and** your Gateways Scholarship balance is past due, your balance may be deducted from your Great START supplement.
 - 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.

