Gateways to Opportunity® Scholarship Program Supplement Application

For questions and additional information about the Gateways Scholarship Program please email scholarship@ilgateways.com or visit us at 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 Illinois Child Care Licensing, formerly DCFS 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 _____

**As of July 1, 2026, select early childhood programs transitioned from the Illinois Department of Human Services (IDHS), Illinois Department of Children and Family Services (IDCFS), and the Illinois State Board of Education (ISBE) to the Illinois Department of Early Childhood (IDEC).*

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Gateways to Opportunity Scholarship Program
inccrra
Illinois Department of Early Childhood

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 an **individual** determined to have submitted fraudulent, altered, or false documentation or information will be banned from INCCRRA administered programs for a time period to be determined by the Illinois Department of Early Childhood (IDEC)*. Any benefit received by or paid on behalf of the individual as a result of fraudulent, altered, or false documentation or information must be reimbursed to INCCRRA by the individual as determined by IDEC. 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 IDEC and INCCRRA will use my signature as authorization to verify any information and documents I have submitted, and that IDEC and INCCRRA 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:_____ # IDEC 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)*

❍ Early Childhood Block Grant 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: _____

Gateways Scholarship Applicant's Start Date: _____

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 Early Childhood (IDEC)* and INCCRRA will use my signature as authorization to review the employer financial records, employee personnel records and any other applicable files and records. IDEC may ban employer participation and all employees (while employed at that site) if an employer has submitted false or misleading information and documentation, or manipulated employee wages in any manner.

Print Name: _____

Employer Signature: _____ **Date:** _____

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Gateways to Opportunity Scholarship Program Supplement Checklist & Required Documentation
Please use the checklist provided to ensure that you have submitted all 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.

Required Documentation

All Applicants

- ❍ Completed and Signed Gateways Registry Membership Form
- ❍ If on file, submit Information Update Form
- ❍ Completed and Signed Gateways Scholarship Supplement Application

Center Staff Applicants – Employed for minimum of one year

- ❍ 4 weeks of most recent pay stubs
- ❍ Last paystub from previous year
- ❍ W-2 *(IRS Form)* from previous tax year

Please Note: Status of program's Illinois Child Care 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).

- ❍ 90 days of most recent pay stubs

Please Note: Status of program's Illinois Child Care 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

- ❍ Most recent Schedule C *(IRS Form)*
- ❍ Form 8829 *(IRS Form)* from previous tax year **OR** Updated parent handbook
- ❍ Verification of children currently being served *(proof of care form or completed IDEC child care assistance billing certificates/program verification)*

Please Note: Status of program's Illinois Child Care License will be verified.

- OR -

Early Childhood Block Grant Funded Preschool for All Staff Applicants

- ❍ Letter signed by school principal, superintendent or director, verifying applicant's position is an Early Childhood Block Grant Funded Preschool for All classroom
- ❍ Four weeks of most recent pay stubs
- ❍ Last paystub from previous year
- ❍ W-2 *(IRS Form)* from previous tax year

For questions and additional information about the Gateways Scholarship Program please email scholarship@ilgateways.com or visit us at www.ilgateways.com.

Mail completed application and required documentation to: *INCCRRA/Applications • 1226 Towanda Ave • Bloomington, IL 61701*
or *email a PDF to scholarship@ilgateways.com*

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Bachelor's Degree Scholarship Applicants

Required Documentation

Enclosed	On File at INCCRRA	
❍		Copy of study plan or outline of coursework needed for degree completion *(Must submit with every application)*
❍	❍	Official transcript verifying associate degree or Transcript Evaluation completed by College or University *(must have 55 transferable semester hours or 82 transferable quarter hours to apply.)* Official transcripts should be sent from the higher education institution to transcripts@inccrra.org.

Master's Degree Scholarship Applicants

Required Documentation

Enclosed	On File at INCCRRA	
❍		Copy of study plan or outline of coursework needed for degree completion *(Must submit with every application)*
❍	❍	Official transcripts verifying bachelor's degree. Official transcripts should be sent from the higher education institution to transcripts@inccrra.org.

For questions and additional information about the Gateways Scholarship Program please email scholarship@ilgateways.com or visit us at www.ilgateways.com.

Mail completed application and required documentation to: *INCCRRA/Applications • 1226 Towanda Ave • Bloomington, IL 61701*
or *email a PDF to scholarship@ilgateways.com*

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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 email scholarship@ilgateways.com 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)*

❍ Child Care Center
❍ Family Child Care Home
❍ Group Family Child Care Home
❍ Head Start
❍ School-Age/Youth Development Program Only
❍ Public or Private School
❍ Child Care Resource & Referral *(CCR&R)*
❍ Other _____

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GATEWAYS TO OPPORTUNITY®
Illinois Professional Development System

Administered through inccrra

ILLINOIS DEPARTMENT OF EARLY CHILDHOOD

This program is: ❍ Illinois Child Care Licensed* ❍ License-Exempt ❍ N/A

*If Licensed, License ID number: _____ Licensed Capacity: _____

Date Employment Began: *(with this employer)* _____

Current Position Title: _____ Position Code: _____
(refer to below)

Current Position Start Date: _____

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

Indirect Services

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

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 in this application is true and accurate. Additionally, I verify that I understand the eligibility requirements of the Gateways Scholarship Program and that INCCRRA may verify information submitted including my employment, enrollment, academic standing and credential status through the Gateways Registry, my employer, and my institution of higher education. I understand that INCCRRA and/or IDEC 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 IDEC 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 Avenue • Bloomington, IL 61701*

GATEWAYS TO OPPORTUNITY®
Illinois Professional Development System
Administered through inccrra
ILLINOIS DEPARTMENT OF EARLY CHILDHOOD

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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 Early Childhood *(IDEC)*.*

**As of July 1, 2026, select early childhood programs transitioned from the Illinois Department of Human Services (IDHS), Illinois Department of Children and Family Services (IDCFS), and the Illinois State Board of Education (ISBE) to the Illinois Department of Early Childhood (IDEC).*

Q. Who can apply for the Gateways Scholarship Program?

A. Professionals employed by an Illinois Child Care Licensed (formerly DCFS) full-day, full-year** child care program or family/group child care home, Illinois Child Care Licensed school-age child care programs operating a minimum of nine months per year and Early Childhood Block Grant Funded Preschool for All programs serving children for one full school year. Practitioners must also be working in one of the following positions:

- In Illinois Child Care 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 Early Childhood Block Grant 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 Illinois Child Care 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 Early Childhood Block Grant 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.

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Gateways to Opportunity Scholarship Program

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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	Gross Yearly Wage Working Full Time
100	0%	Up to $19.25	Up to $40,040.00
90	10%	$19.26-$22.00	$40,060.80-$45,760.00
80	20%	$22.01-$25.00	$45,780.80 -$52,000.00
70	30%	$25.01-$28.00	$52,020.80 -$58,240.00
60	40%	$28.01-$31.00	$58,260.80 - $64,480.00

Scale based on a 40-hour work week. 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
- 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.
- Applications for a new academic year (summer – quarter hour/fall – semester hour institutions) will be accepted starting May 1.
- 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@inccrra.org. Copies of foreign evaluations may be accepted from the evaluation services found at 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.

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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 Illinois Child Care 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 Early Childhood Block Grant Funded Preschool for All (PFA) program that operates for a minimum of nine months per year: Teacher or Teacher's Aide.

The commitment period begins 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 or 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 work commitment to ECE or school-age care. The work commitment period begins 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 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.

****Recipients are responsible for reviewing the Gateways Scholarship Work Commitment FAQ .*

Q. What are the consequences if an individual is determined to have submitted fraudulent, altered, or false documentation or information?

A. The individual will be banned from INCCRRA administered programs for a time period to be determined by the Illinois Department of Early Childhood (IDEC). Any benefit received by or paid on behalf of the individual as a result of fraudulent, altered, or false documentation or information must be reimbursed to INCCRRA by the individual as determined by IDEC.

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

Gateways to Opportunity Scholarship Program

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Illinois Department of Early Childhood

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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.

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 I ☐ Fall II ☐ Winter I ☐ Winter II ☐ Spring I ☐ Spring II ☐ Summer I ☐ Summer II

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

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 scholarship@ilgateways.com.

Student Signature: _____ **Date:** _____

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