



Family Child Care Substitute Scholarship Application

By completing this application, you are consenting that you are interested in becoming a substitute for the child care program you have listed. This scholarship will provide you with up to \$555.00 to complete the requirements to become an approved substitute and to receive a \$100.00 stipend.

The requirements are:

- Negative TB Skin Test
- Health Assessment
- Complete required KDHE pre-service trainings
- Pediatric First Aid/CPR
- Fingerprints
- State Licensing & Background Check

If approved, you will have **2 months** in which to complete the requirements listed above.

It is your responsibility to pay for these costs up front & then submit receipts for reimbursement. A reimbursement form will be provided.

Name of potential substitute (applicant) _____

Email Address _____

Telephone Number _____

Mailing Address including town & zip code.

Name of child care provider & program name applicant would provide services for

Child Care providers KDHE License Number (must be in good standing with KDHE)

Submit completed applications to: sharedservices@ks.childcareaware.org

Questions can be submitted to: sharedservicesd@ks.childcareaware.org