



## Earning a REWARD Stipend

To be eligible for a REWARD Wisconsin Stipend, an individual must meet the following employment, experience, and education requirements:

### Employment Requirements

- Employed by a certified or licensed family child care program, licensed child care center, or any Head Start program
- Work at least 20 hours per week
- Work at least 5% of their time in an early childhood classroom, either directly with children or in supervision and support of staff
- Live and/or work in the state of Wisconsin
- Earn \$16.50 an hour or less

### Experience Requirements

Have worked at your present employer for 3 current and continuous years

**OR**

Have 6 years of experience in regulated child care programs as documented by the Registry

### Education Requirements

- Registry Level 7 or above on The Registry
- Participants at Registry Level 7, 8, 9, and 10 must complete 3 ECE credits over the course of two 6-month agreements to continue participating in REWARD. Details can be found at [wisconsinearlychildhood.org/reward](http://wisconsinearlychildhood.org/reward). Participants at Registry Level 11 or above do not need to meet this requirement.

The REWARD Stipend Program provides salary supplements to eligible child care professionals. Individuals must meet all eligibilities to participate. If a person is found to be eligible, a stipend will be awarded along with a 6-month agreement. The stipend amount corresponds to the individual’s Registry Level, as shown below. The stipend agreement is a 6-month contract to continue to meet program eligibilities. Once that agreement ends, the individual can reapply as long as eligibilities continue to be met.



Stipends are awarded as funding allows. REWARD is currently operating with a waiting list; details can be found at [wisconsinearlychildhood.org/reward](http://wisconsinearlychildhood.org/reward).

## REWARD Stipend Program Application - Family Child Care Provider

### Instructions

You do not need to return this page with your application

1

**Fill out both pages of the application completely.**

If any information is missing, it will delay the stipend process.

2

**You must include income verification when you submit this application.**

Send copies of following portions of your most recently filed federal tax return.

- Your 1040

**–AND–**

- If child care income is reported on the following lines of your 1040, include the following schedules or forms:

- Line 7: Attach any W2 issued to you from your child care business
- Line 12: Attach any schedule C filed for your child care business
- Line 17: Attach any schedule E and K-1 filed for your child care business

For more information on income verification, visit our website at [wisconsinearlychildhood.org/reward](http://wisconsinearlychildhood.org/reward)

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**You can return your application one of three ways.**

**Email** [reward@wisconsinearlychildhood.org](mailto:reward@wisconsinearlychildhood.org)

**Fax** 877-895-5477

**Mail** REWARD Wisconsin Stipend Program  
Wisconsin Early Childhood Association  
744 Williamson Street, Suite 200  
Madison, WI 53703

Keep a copy of this application for your records.

REWARD Wisconsin is not responsible for lost or missing applications.

### Questions

[reward@wisconsinearlychildhood.org](mailto:reward@wisconsinearlychildhood.org)

Try our new live chat feature at [wisconsinearlychildhood.org/reward](http://wisconsinearlychildhood.org/reward)

In the Madison Area: 608-729-1049

Statewide: 800-783-9322, extension 7249

**¡También disponible en español!**

**REWARD Wisconsin Stipend Program**  
**Application for Stipend**  
**Family Child Care Provider**

**APP – FCCP**

*For office use only*

**Applicant Information**

First Name

Middle Initial

Last Name

Social Security Number       -       -

Mailing Address

City

State

Zip

County

Phone number *(with area code)*

How would you like REWARD to communicate with you?

E-mail

Phone     Email

Date of Birth       /       /

Gender     Female     Male

Do you consider yourself?

Asian *(check one)*

White

Native Hawaiian or Pacific Islander

Asian Indian

Black or African American

*(check one)*

Japanese

American Indian or Alaska Native

Samoan

Chinese

Multiracial

Guamanian or Chamorro

Korean

Other \_\_\_\_\_

Other Pacific Islander

Vietnamese

Filipino

Other Asian

Are you of Hispanic, Latino or Spanish origin?     Yes *(check one below)*     No

Mexican, Mexican American, Chicano     Puerto Rican     Cuban     Other Hispanic, Latino or Spanish

In what language should REWARD contact you?     English     Spanish

Have you ever received a REWARD Stipend?        Yes     No

Have you ever received a T.E.A.C.H. Early Childhood® Wisconsin Scholarship?        Yes     No

Are you a Wisconsin Early Childhood Association (WECA) member?        Yes     No

**Learn what else WECA has to offer you: [wisconsinearlychildhood.org](http://wisconsinearlychildhood.org)**

How did you find out about the REWARD Stipend Program? *(Choose all that apply)*

Workshop or Conference

My Center Director

T.E.A.C.H. Program

Website

Colleague

Professional Development Counselor

Email or Postal Mailing

Another REWARD Recipient

CCR&R, The Registry, or other Agency

Other *(please specify)*

**Applicant Registry Information**

*Your Registry ID number is located on your Registry Certificate or on your Registry Card.*

Registry ID number

### Employment Information

Do you own this family child care program?  Yes  No

*If the answer is no, fill out a "Group Child Care Program Application."*

What date did you become certified? *(month/day/year)*

What date did you become licensed? *(month/day/year)*

How many hours do you work per week?

How many hours per week do you work directly with children?

Do you work:  Year round  School year only

If you work school year only: What day do you end working in the spring? *(month/day)*

What day do you begin working in the fall? *(month/day)*

With what age groups are you currently working? Please check all that apply.

Infants/Toddlers (0-2 yrs)

Preschool (3, 4 or 5 yrs)

School Age (5+)

All Ages (0-5 yrs)

All Ages (0-12 yrs)

### Program Information

Name of child care program

Program address *(if different than home address)*

City

State

Zip

County

Phone number *(with area code)*

Program E-mail

Licensed by Department of Children and Families

Facility or License number \_\_\_\_\_

Provider Number \_\_\_\_\_

County certified: Provider number \_\_\_\_\_

Number of children program is regulated to serve

Is your program currently accredited?  YES  NO

Number of children currently enrolled

If yes, by what organization?

### Statement & Signature

**Applicant and Owner Statement:** I attest to the fact that the information that I am providing in this application is true and accurate. I give permission to the REWARD Wisconsin Stipend Program to contact The Registry to verify information to determine eligibilities. I understand this application does not guarantee that I will receive stipend.

Signature of Applicant

Date