



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

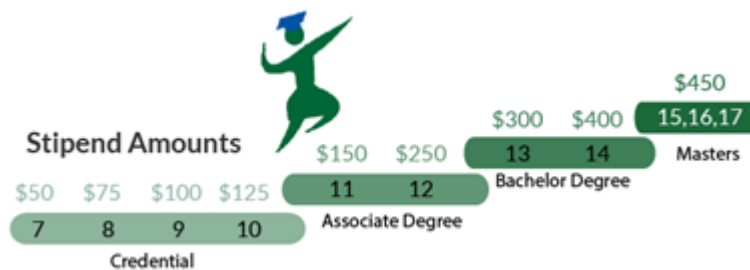
OR

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. 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.

REWARD Stipend Program Application - Group Child Care Program

Instructions

You **do not** need to return this page with your application

1

Fill out all four 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.

Employees of a Group Child Care Program

Send a copy of 3 recent pay stubs. Stubs should be as recent as possible, preferably within the last 3 months.

Owners of a Group Child Care Program

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 www.wisconsinearlychildhood.org/reward

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You can return your application one of three ways.

Email reward@wisconsinearlychildhood.org

Fax 877-895-5477

Mail REWARD Wisconsin Stipend Program
Wisconsin Early Childhood Association
2908 Marketplace Dr Suite 101
Madison WI 53719

Keep a copy of this application for your records.
REWARD Wisconsin is not responsible for lost or missing applications.

Questions

reward@wisconsinearlychildhood.org

Try our new live chat feature at 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
Employee or Owner of Group Child Care Program

APP – GROUP

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

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 group child care program? Yes No

Check the box next to the title that most closely describes your current position. If you hold multiple positions, check the title that reflects how you spend the majority of your time.

Assistant teacher

Center Director

Teacher

Administrator

What date were you hired? (*month/day/year*)

How many hours do you work per week?

How many hours do you work per week in a classroom?

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)

All Ages (0-5 yrs)

Preschool (3, 4 or 5 yrs)

All Ages (0-12 yrs)

School Age (5+)

Program Staff (Administrator or Center Director)

4 year old kindergarten (*Defined as: Collaboration between the public school district and a child care program*)

Do you hold a current DPI License? Yes No

Employer and Program Information

Name of employer (**defined as: who pays your salary*)

Name of child care program (*if different than employer*)

Program site address

City

State

Zip

County

Phone number (*with area code*)

Program E-mail

Regulated by Department of Children and Families

Facility or License number _____

Provider Number _____

License Exempt (Head Start only) Provider Number _____

Program auspice (check all that apply): Profit Nonprofit Head Start Faith Based

Number of children program is regulated to serve

Is this site currently accredited? YES NO

If yes, by what organization?

Number of children currently enrolled

Name of Program Representative (*Director or Administrator*)

Title of Program Representative

Phone number (*with area code*)

E-mail

Statements & Signatures

Applicant 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 or my employer to verify information to determine eligibilities. I understand this application does not guarantee that I will receive a stipend.

Signature of Applicant

Date

Program Representative Statement: I verify that the program and employment information submitted on this application is true and accurate. I certify that the employer will not withhold wages and/or benefits as a result of the applicant's participation in the REWARD Wisconsin Stipend Program.

Signature of Program Representative (*Same person indicated in "Program Information"*)

Date

Income Verification Form – REWARD Wisconsin Stipend Program

Employees of Group Child Care Programs	Owners of Group Child Care Programs
<input type="checkbox"/> Check here if you are enclosing 3 recent pay stubs as income verification. Please complete this worksheet.	<input type="checkbox"/> Check here if you are submitting your tax return as income verification. You do not need to complete this worksheet.
<ul style="list-style-type: none"> The top section is for those who work year round and the bottom section is for those who work school year only. If you are unsure how to complete this form, consult your supervisor or the person that does your payroll. 	

I work year round		
	Pay Schedule	Amount (Gross pay: before deductions)
<input type="checkbox"/>	Hourly	\$ per hour
<input type="checkbox"/>	Weekly	\$ per week
<input type="checkbox"/>	Bi-weekly (every 2 weeks)	\$ every other week
<input type="checkbox"/>	Semi-monthly (2 times a month)	\$ twice a month
<input type="checkbox"/>	Monthly (12 time per year)	\$ 12 times per year
<input type="checkbox"/>	Other - please describe	\$

I work school year only		
<input type="checkbox"/> I get paid during the school year only		
<input type="checkbox"/> I get paid year round although I work school year only		
	Pay Schedule	Amount (Gross pay: before deductions)
<input type="checkbox"/>	Hourly	\$ per hour
<input type="checkbox"/>	Weekly	\$ per week
<input type="checkbox"/>	Bi-weekly (every 2 weeks)	\$ every other week (26 times a year)
<input type="checkbox"/>	Semi-monthly (2 times a month)	\$ twice a month (24 times a year)
<input type="checkbox"/>	Monthly (9 months)	\$ 9 times per year
<input type="checkbox"/>	Monthly (10 months)	\$ 10 times per year
<input type="checkbox"/>	Monthly (12 months)	\$ 12 times per year
<input type="checkbox"/>	Contracted for hours and amount	# of Hours: Example: you are contracted for 1800 For: \$ hours for \$18,270
<input type="checkbox"/>	Other - please describe	