

GED Assessment Fee Grant

This application is for Vermont residents working in a regulated child care program to assist with the cost of applying for a GED. The maximum amount of this grant is \$120.00 (\$30 per test).

Eligibility

- Be employed by a CDD-regulated child care program or have submitted a new application to become licensed/registered.
- Have an approved record check on file at the Child Development Division.
- Demonstrate financial need.

Applications are accepted on an ongoing basis.
Allow 4-8 weeks for a decision.

For Reviewers Only

Date Received: _____ Invoice #: _____
Reviewed/Approved: _____ Date: _____
Payment Entered: _____ Date: _____
License Check: _____
Application #: _____
Program Manager Approval/Denial
Approval: \$ _____ Denied
Signature: _____ Date: _____

For questions about the grant, contact:

Vermont Association for the Education of Young Children (VTAEYC)
Phone: 802-234-1090
Email: PDsupports@vtaeyc.org

Name (Print): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (Home): _____ (Work): _____

Email: _____

Employer: _____

License/Registration #: _____ BFIS#: _____

I am:

- A registered Family Child Care Home provider (or have applied to become one)
- A licensed center or home staff member



GED Assessment Fee Grant

Please answer the questions below:

- 1) Date you plan to send in your application for the GED Assessment Test: _____
- 2) When do you plan to take the GED Assessment Test? _____
- 3) Which GED test(s) are you planning to take (check all that apply)?
 - Mathematical Reasoning
 - Reasoning Through Language Arts
 - Social Studies
 - Science
- 3) Are you working with a mentor? Yes No
 - a. If yes, who is your mentor? _____
 - b. What organization does your mentor work from? _____
- 4) On a separate page, please respond to the following questions, and include with your signed application:
 - a. A statement of your need for financial assistance. Why are you requesting this grant?
 - b. Current Individual Professional Development Plan (IPDP). The IPDP must contain a self-assessment, goals, strategies/resources, and timelines. IPDP forms can be downloaded from www.northernlightscv.org.
 - Check here if you have an up-to-date professional development plan in Bright Futures Information System (BFIS). If so you do not need to send it with the application. Go to www.northernlightscv.org for more information about entering your information into BFIS.
 - c. Outline what you have done to prepare for the GED assessment?
 - d. A statement of why you are requesting financial aid.



GED Assessment Fee Grant

Certification

Please sign the certification below:

I certify that the information contained in this application is true and correct; I also certify that the following statements are true:

1. I am working directly with children at a CDD-regulated child care facility (or plan to open a new program) and have an acceptable record check on file at the CDD.
2. I do not already have a GED or High School Diploma.
3. I do not owe any funds to the State of Vermont and am in good standing with the Vermont Department of Taxes.
4. I will send a document that shows I passed my test(s) when I receive it.

Applicant's Signature: _____ Date: _____

Keep a copy of your application for your records. Email a copy of your signed application, responses to questions on page 2, and Individual Professional Development Plan (IPDP), if not in BFIS, to PDsupports@vtaeyc.org or mail to:

Vermont Association for the Education of Young Children (VTAEYC)
19 Marble Avenue, Suite 4
Burlington, VT 05401