



Louisiana Pathways
Scholarship Program
1800 Warrington Place
Shreveport, LA 71101

(318) 677-3163
(800) 245-8925

To: Child Care Professionals

From: Louisiana Pathways Scholarship Department

Re: Administrative Training Scholarship

Thank you for your interest regarding the Louisiana Pathways Scholarship. The Louisiana Pathways Early Learning Center Career Development System recognizes you as a professional in early childhood.

When child care centers fail, it is often because the administrator does not have the necessary skills to budget, supervise staff, and manage the many other tasks involved in running a highly regulated business. Receiving such training will help prepare for the daily activities required of a child care center director. Louisiana Pathways is proud to offer financial assistance for child care professionals to pursue specialized instruction that directors, assistant directors and aspiring directors need and want.

To qualify for the scholarship you must be enrolled and actively participating in the Louisiana Pathways Early Learning Center Career Development System. **Please note: Louisiana Pathways handles the scholarship only. Registration will be handled by the sponsoring agency offering the course. Contact the agency to enroll in the course.**

To be considered for a scholarship, **submit proof of enrollment along with your scholarship application** and the **Pathways Enrollment information** (if you have not already become a member) to Louisiana Pathways. Also include a **letter of intent** explaining how you think the course will help you reach your goals for providing quality care for young children.

The scholarship payment will go directly to the sponsoring agency. We will notify you as soon as possible after a review of your application. Thank you for your commitment to high quality early child care in Louisiana. For additional assistance, please feel free to call the scholarship office at (318) 677-3163 or (800) 245-8925.



Administrative Training Scholarship Application

PERSONAL INFORMATION:

Name _____ SS # XXX - XX -
Date of Birth ____/____/____
Mailing Address _____
City/State _____ Zip Code _____ Parish _____
Home Phone: () _____ Cell Phone: () _____

CURRENT INFORMATION:

Employer _____
License # _____ License Type: I, II, III (please circle)
Work Address _____
City/State/Zip _____
Work Phone _____ Fax Number _____
Type of Program: _____ Early Learning Center _____ Resource & Referral Agency
_____ Family Child Care Home _____ Public or Private School
_____ Head Start (Pre K – Grade 3)
_____ Early Head Start _____ Other (Specify) _____

What is your job title? _____
How long have you worked in the early childhood field? _____
How did you learn about the availability of administrative training scholarship funds? _____

COURSE INFORMATION:

1. Course title _____
Location _____

Telephone # _____
Course Date & Time _____
Cost _____

2. Is this your first time applying for a Louisiana Pathways Scholarship? **Yes or No**

I hereby apply for funding for an administrative training scholarship. The information on this application is accurate to the best of my knowledge. I agree to participate in a written or verbal evaluation of my scholarship experience.

Signature _____ Date _____

Please return application to:
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