



Panhandle Area Educational Consortium (PAEC)

753 West Blvd., Chipley, FL 32428

Application for Training Stipend

STOP, please make sure your Participant Agreement has been approved before completing and submitting the Application for Training Stipend. The Participant Agreement must be approved prior to your stipend request.

Please submit your training stipend within 30 days from training completion (e.g., Course was completed 1.13.21 and you received your certificate, we ask you submit the Application before 2.13.21). Reimbursement may take up to six weeks to process.

INSTRUCTIONS: Complete this application form (2 pages) and mail it with **all** documentation to PAEC at the above address or submit your Application for Training Stipend along with all documentation through our online portal located here <https://www.paec.org/OfficeofEarlyLearningPartnership.asp>. Complete **all** information in the spaces provided. All applications must be accompanied by the required documentation. Incomplete applications **will not** be processed.

Participant Name: _____ Job Title: _____
(Please print or type) Last First Middle

Mailing Address: _____
Number Street Apt. # (if applicable) City State Zip Code

Participant Phone#: _____ Email Address: _____

Place of Employment: _____
Address: _____

City State Zip Code

For PAEC Use Only:
Code: 7310-7700-390-9008-71288- _____

The project described above is funded by the Preschool Development Grant – Birth through Five initiative (PDG B-5) Grant #90TP0068-02-00 from the Office of Child Care, Administration for Children and Families, U.S. Department of Health & Human Services and supported by the Florida Department of Education/Office of Early Learning.

Disclaimer: Document contents are solely the responsibility of the authors and do not necessarily represent the official views of the Office of Child Care, the Administration for Children and Families, or the U.S. Department of Health and Human Services.





Entity providing training course: _____
 Name and Model of Course Passed: _____
 Date Course Passed: _____ Seeking Specialization: __ Y __ N
 Type of Specialization: __ Infant/Toddler __ Trauma-informed Care __ Dual Language Learners
 __ Emergent Literacy __ Other, please specify: _____

I am applying for reimbursement under the following category, *List of eligible training courses are located on the back:

____ **Category 1:** Universal Strand (Max of \$150 per participant)
 Participant in the REL Pre-Kindergarten and Kindergarten Language and Vocabulary Project Training (Universal Strand). In January, the Office of Early Learning, Voluntary Pre-Kindergarten will provide a list of completers.

____ **Category 2:** Early Childhood Educator. Copy of certificate must be attached. (\$75 per course, up to 3 courses-Max \$225 per participant)
 Name of eligible training course: _____

____ **Category 3:** Early Learning Coalition (ELC) Staff. Copy of certificate must be attached. (One-time stipend of \$225)
 Name of eligible training course: _____

____ **Category 4:** Florida Infant Mental Health Endorsement (FIMH-E®) applicant. Copy of certificate must be attached. (\$300 per course, up to 4 courses-MAX \$1,200 per participant)
 Name of eligible training course: _____

Signature: _____ Date: _____

For PAEC Use Only:
Code: 7310-7700-390-9008-71288- _____

The project described above is funded by the Preschool Development Grant – Birth through Five initiative (PDG B-5) Grant #90TP0068-02-00 from the Office of Child Care, Administration for Children and Families, U.S. Department of Health & Human Services and supported by the Florida Department of Education/Office of Early Learning.

Disclaimer: Document contents are solely the responsibility of the authors and do not necessarily represent the official views of the Office of Child Care, the Administration for Children and Families, or the U.S. Department of Health and Human Services.

