Smart Start of Cabarrus County
The Cabarrus County Partnership for Children
2353 Concord Lake Road, Suite 160
Concord, NC 28025
(704) 262-3683

PROFESSIONAL DEVELOPMENT INCENTIVE APPLICATION

PLEASE CHECK: _____ NEW APPLICANT _____ RENEWAL APPLICATION

NAME:_____ SS#_____-_____-_____

IS ALL THE INFORMATION PROVIDED ON THE STUDENT INTAKE FORM STILL THE SAME?
_____ YES _____ NO **(If NO, you have to submit another intake form with this application)**

DOCUMENTATION PROVIDED

PLEASE ATTACH A COPY OR ORIGINAL (where requested) TO THIS APPLICATION AND PLACE A CHECK MARK IN FRONT OF THE ITEM PROVIDIED.

_____ A copy of your most recent pay stub with your name, hours worked, hourly pay rate.

_____ A completed W-9 form (if you are renewing, you do not need to send one with application)

_____ Two (2) signed grant agreement for the current fiscal year.

_____ A copy of an official cumulative transcript documenting your education level from all institutions attended. Copies of grade reports, internet transcripts, and registrations will not be accepted.

_____A copy of degree(s) received

PLEASE SIGN, DATE, AND HAVE YOUR DIRECTOR SIGN VERIFYING ALL INFORMATION PROVIDED AND RETURN TO THE ADDRESS SPECIFIED ON THE INSTRUCTION SHEET BY THE REQUESTED DATE.

I, _____ (print name) attest that the information appearing on this application and supporting documentation is true to the best of my knowledge.

_____ Applicant Signature _____ Date

_____ Director's Signature _____ Date

For Office Use Only:

Quarter: 1st_____ 2nd_____ 3rd_____ 4th _____

Application Complete _____ W9 Form Received _____

Transcript Received _____ Copy of degree Provided _____

Tier Approved _____ Level Approved _____ Raised Level _____

Reviewer Signature _____
(This signature verifies the following have been checked: hours, hourly pay, and working with children under five, director signature, and hire date.)

Date Reviewed / Approved _____Amount Awarded: _____