



NURTURING THE SOCIAL AND EMOTIONAL WELL-BEING OF CHILDREN AGES BIRTH TO FIVE

89 South St., Suite 601 | Boston, MA 02111 | 617-345-0545 | [www.connectedbeginnings.org](http://www.connectedbeginnings.org)

### **IN-TIME Scholarship Application instructions**

Early Intervention or mental health provider IN-TIME course participants whose work includes at minimum, .75 FTE direct billable contact with clients, may qualify for Connected Beginnings scholarships. The amount of the scholarship will vary, depending upon the particular course. Scholarships range from between \$200 and \$700 per participant. In order to apply for a Connected Beginnings Scholarship, you must complete:

- **The Connected Beginnings Scholarship Application**
- **The Applicant Agreement Form**

Connected Beginnings also requires a **Letter of Reference** from the applicant's Program Director or other appropriate agency representative, endorsing participation in the training. This **Letter of Reference** must accompany each application packet.

**Please note that Scholarship funding will be awarded to the participants' Program/Agency or, in the case of independent mental health providers, directly to the participant, as partial compensation for lost billable revenue and to support the course fee, The following rules apply:**

- The participant who is applying for the scholarship must be a regular, Early Intervention or mental health billable staff member who conducts regularly scheduled, billable activities that normally take place during this training period.
- The participant who is applying for the scholarship will not be expected to make up the billable hours spent in this training.
- Administrative and supervisory staff members who spend more than 25 percent of their time on administrative duties do not qualify for Connected Beginnings scholarships.
- Connected Beginnings Training Institute will contact applicants directly regarding scholarship awards.

**Completed application packets must be submitted not later than 30 days prior to the beginning of IN-TIME training for which applicant is registered, to:**

Cathy Abbott, Connected Beginnings Training Institute. 89 South St., Suite 601, Boston, MA 02111. Applications may be submitted via email to [cabbott@connectedbeginnings.org](mailto:cabbott@connectedbeginnings.org). Should you have questions about the scholarship application process, please email or call Cathy at 617-345-5045 X 403.



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## IN-TIME SCHOLARSHIP APPLICATION

Date of Application: \_\_\_\_\_

### Personal and Professional Information

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Email: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Position/Title: \_\_\_\_\_ Date you started in current position: \_\_\_\_\_

Total number of hours you work per week: \_\_\_\_\_

If your current position is supervisory, what is your current direct care FTE? : \_\_\_\_\_

Your Supervisor's Name: \_\_\_\_\_

### Education

College/University: \_\_\_\_\_ Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Graduate School: \_\_\_\_\_ Degree: \_\_\_\_\_

Graduate School: \_\_\_\_\_ Degree: \_\_\_\_\_

Please attach and submit the following with your application:

1. Letter of reference from your program director or other appropriate agency representative, endorsing your participation and agreeing to support your efforts. For self-employed practitioners, a letter from a professional colleague who is familiar with your practice is required.
2. Current résumé
3. Applicant Agreement Form

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### IN-TIME SCHOLARSHIP APPLICANT AGREEMENT FORM

In applying for the IN-TIME Scholarship, I hereby agree to the following (*please check each individual box*):

- I grant Connected Beginnings permission to contact my supervisor for references if I am awarded a scholarship:
  
- All of the materials submitted as part of this application are true representations of my academic and employment history.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Application and Agreement Form with all materials should be submitted not later than 30 days prior to the beginning of IN-TIME training for which applicant is registered, to:**

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