

**City of Enderlin Childcare Education Grant Program Application**

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

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Degree pursuing, please mark:

- Bachelor Degree with required continuing childcare education credits
- Early Childhood Degree
- Child Development Associate Degree

College/ University/Program attending: \_\_\_\_\_

Anticipated Graduation/Completion: \_\_\_\_\_

Have you committed to employment at an Enderlin Childcare Facility?

Facility Name \_\_\_\_\_

Name of Facility contact person and phone

number \_\_\_\_\_

(Or)

Do you plan to operate your own facility?

Where will it be located: \_\_\_\_\_

How many children will you have: \_\_\_\_\_

When do you anticipate to open: \_\_\_\_\_

Why should you be considered for this grant?:

I have read and understand the specifics of the City of Enderlin Childcare Education Grant Program:

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

City of Enderlin Office use:

Enderlin Community Development Committee, Finance Committee:

Approved     Not Approved    Date:

Enderlin Community Development Committee:  Approved     Not Approved    Date:

Enderlin City Council:  Approved     Not Approved    Date:

Notes: