



2024-2025 Individual Professional Development Program (IPDP) Application
SUMMER/FALL 2024

DUE DATE: Wednesday, January 8, 2025, there will be NO extensions
This application must be completed in its entirety, with all required signatures along with OFFICIAL Transcript.

1. Name as it appears on your federal income tax return: _____
2. Mailing address: _____
Street or P.O. Box, Apartment or Unit # _____
City _____ State _____ Zip _____ Phone # _____
3. Valid email address: _____ *To contact you about your application status
4. Your birth month and day: ____/____ (mm/dd) *Your birth year is not needed.
5. **Education** (please check 1 and specify):
 I have not yet declared my major.
 I have officially declared my major as _____
 I am pursuing a certificate, diploma, or degree. Please specify: _____

6. SUBSTITUTE for IRS FORM W-9

By signing below, I certify that under penalties of perjury:

1. My Individual Taxpayer Identification Number (TIN) is correct,
2. I am not subject to backup withholding* due to failure to report interest and dividend income, and
3. I am a U.S. person.

*If the IRS has notified you that backup withholding applies, then you must strike out the language in the above certification that related to underreporting.

Signature (Required)

Social Security Number

Date

7. **By signing below**, I understand that I am applying to participate in the IPDP activity, agree to all terms and conditions and certify that all statements have been accurately completed, and that official college documents have been provided as required.

Applicant Signature (Required)

Date

8. **TO BE COMPLETED AND SIGNED by Director, Owner or Principal – Verification of applicant employment:**

- Applicant is employed as: _____
Job Position _____
- Applicant has worked at least 30 hours per week with children ages birth to 5 for at least 6 of the previous 9 months in licensed ECE facilities in Lincoln or Gaston Counties:
____ Yes ____ No
- If no, and applicant has been on leave, please indicate reason and dates below:
____ Maternity leave ____ Illness ____ Other (please specify): _____
Leave dates were from ____/____/____ (mm/dd/yyyy) through ____/____/____ (mm/dd/yyyy)

Authorized signature: _____

Name and Title (Director, Owner, or Principal)

Date

Name of Child Care Facility or Program

DCDEE State License #

Application Checklist – Required items for applications to be considered for payment

Application completed in its entirety with ALL required signatures

Official transcript with courses and declared major as applicable

Please ensure your application and official transcript are received by the due date of **Wednesday, January 8, 2025**. They may be dropped off in person, mailed, or sent by email to Carolyn Payne at the address below:

The Partnership for Children of Lincoln & Gaston Counties, Inc.

Attention: Carolyn Payne, ncpk@pfclg.org

120 Roechling Street, Dallas, NC 28034

(704) 922-0900 EXT 109

This Space is for PFCLG Staff Use Only

➤ Eligible Yes No

➤ If Yes:

of qualifying semester hours

\$ Amount being paid

Processed By:

Date _____

Monitored By:

Date _____

Date Stamp