



SANTA BARBARA COUNTY EDUCATION OFFICE (SBCEO)

Santa Barbara County Classified Credentialing Consortium (SBC4) Grant Opportunity 2024-2025

Purpose: to address countywide teacher shortage by providing funding support for up to 30 classified staff actively pursuing an Education Specialist, Multiple Subject, or Single Subject Teaching Credential.

Eligibility: current, non-substitute, classified employment status with a school district or charter school located in Santa Barbara County or with SBCEO, plus a minimum of an associate degree or at least 60 college/university semester units with a GPA of 2.7 or higher.

Santa Maria-Bonita School District employees MUST apply with Jessica Parra: (805) 361-6504 or jparra@smbbsd.net.

SBCEO partners with **University of Massachusetts Global** (UMass Global) and **University of California, Santa Barbara** (UCSB) for this grant program. This partnership is based on these institutions having a long history of educational excellence. Only students attending either UCSB or UMass Global will be eligible for this grant program. Priority enrollment will be granted to applicants documenting current enrollment in a credential program at either university.

Documentation of enrollment and university progress will be required to be awarded funding. All participants must apply for and be granted a CTC Certificate of Clearance document prior to receiving any funding disbursement from SBC4 (our office will provide information about this requirement after you apply.)

Application Deadline: applications accepted on an ongoing basis and new participants enrolled based on space available. Applications received after February 1 will typically be considered for the following school year. This grant is currently available each school year through 2026-27.

Grant Award: eligible participants may be reimbursed up to \$4,320 annually at the end of each school year based on documentation of credentialing expenses such as tuition or exam fees, and on available funding. Awards are generally processed in the month of June each year.

Program Description: the California Commission on Teacher Credentialing (CTC) established the Classified School Employee Teacher Credentialing Program to help address the Statewide shortage of credentialed teachers and with the understanding that classified staff often advance to become outstanding teachers.

The sole purpose of grant funds awarded shall be reimbursement to classified employees of expenses directly incurred in pursuit of their teaching credentials, as noted above. This may include individuals pursuing bachelor degree requirements, depending on availability of space and funding. All recipients of funding from this grant are making a commitment to make every reasonable effort to pursue completion of their credential and to teach in Santa Barbara County for a minimum of one year for each year funding was received.

Requirements to apply:

- Completed application forms (5 pages, see below)
- Official college/university transcripts including: most recently attended or currently enrolled plus highest degree earned (if applicable) - **official eScripts okay if sent directly to theiduk@sbceo.org from the college or university**

Requirements for funding disbursements:

- Documentation of expenses and annual progress
- Completed W-9 form (grant funding considered taxable income)
- Granting of a Certificate of Clearance document from CTC
- Verification of program enrollment
- Updated official transcripts at the end of each school year

SBCEO reserves the right to require additional documentation on a case-by-case basis, depending on individual circumstances.

Contact

Tom Heiduk
Manager, Credentials Services
Phone: (805) 964-4711, ext. 5266
Fax: (805) 964-4713
Email: theiduk@sbceo.org



SANTA BARBARA COUNTY EDUCATION OFFICE (SBCEO)

**Santa Barbara County Classified Credentialing Consortium (SBC4)
New Participant Application 2024-2025**

PART I: APPLICANT INFORMATION

First Name: _____ MI : _____ Last Name : _____

Birth Date: _____ Email : _____

Home Address: _____ City : _____ Zip Code : _____

Contact Phone : (_____) _____ Work Phone: (_____) _____

CURRENT EMPLOYMENT

Employing District _____ School Site: _____

NOTE: charter school staff may leave "Employing District" blank

Job Title/Position Date: _____

Started: _____

Work Shift: _____

COLLEGE/UNIVERSITY STATUS

Highest Education Level Completed: AA/AS BA/BS (or higher)

If no degree, how many units have you completed: _____

Are you currently enrolled in a university: Yes No

University where you are enrolled or planning to enroll: _____

Type of program in which you are currently enrolled or planning to enroll (BA/BS or credential): _____

What date do you expect to complete this program**: _____

**Your application cannot be considered unless you provide an estimated date for completing your credential or bachelor degree program



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I plan to complete a program and all requirements for the following teaching credential:

Education Specialist (indicate emphasis): _____

Multiple Subject

Single Subject (indicate subject): _____

Bilingual Authorization: check here if you are requesting priority enrollment because you have included verification of enrollment in a credential program which includes a Bilingual Authorization.

Transitional Kindergarten (TK): check here if you currently hold a BA/BS in Early Childhood Education or a closely-related field and plan to pursue certification to teach TK. Discuss your plan to pursue this employment in your Written Statement.

I declare under penalty of perjury that the above information is true and correct.

Signature

Date

Excerpts from authorizing legislation:

44393. (a) The California Classified School Employee Teacher Credentialing Program is hereby established for the purpose of recruiting classified school employees to participate in a program designed to encourage them to enroll in teacher training programs and to provide instructional service as teachers in the public schools.

(2) An applicant shall certify that it has received a commitment from each participant that he or she will accomplish all of the following:

(A) Graduate from an institution of higher education under the program with a bachelor's degree.

(B) Complete all of the requirements for, and obtain, a multiple subject, single subject, or education specialist teaching credential.

(C) Complete one school year of classroom instruction in the school district, charter school, or county office of education for each year that he or she receives assistance for books, fees, and tuition while attending an institution of higher education under the program.

For your application to be considered by the SBC4 Grant Governance Team, you must return the following as described below:

Required Items

- 1) All 5 pages of the application form, completed
- 2) Transcripts from current college or university, or college/university most recently attended
- 3) Transcripts showing highest degree earned
Note: 2 & 3 might be the same transcript
- 4) Additional verification of current program enrollment, as appropriate

Transcript Requirements - must conform to A or B

A. Original, official hardcopy transcripts mailed with application forms

B. Official electronic transcripts emailed directly from college or university to theiduk@sbceo.org

Return Complete Application Materials To: Santa Barbara County Education Office
ATTN: Credentials Services
PO Box 6307
Santa Barbara, CA 93160-6307



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PART III: STATEMENT OF PURPOSE

First Name _____ MI _____ Last Name _____

Discuss why you would like to be a teacher and describe your experience(s) with children and youth. Your statement should be no longer than the space provided. In your response, be sure to indicate your plan to teach once you have finished your credential.

Participant Commitment Form

COMMISSION ON TEACHER CREDENTIALING

Professional Services Division

1900 Capitol Avenue
Sacramento, California 95811
(916) 445-3223
FAX (916) 323-4508



CALIFORNIA CLASSIFIED SCHOOL EMPLOYEE TEACHER CREDENTIALING PROGRAM PARTICIPANT COMMITMENT AND AGREEMENT

This Agreement is entered into between the **Santa Barbara County Education Office** (herein after referred to as "the LEA"), and _____ (your name), for the purpose of clearly defining both the LEA's and the participant's responsibilities in relation to the participant's voluntary participation in the LEA's Classified School Employee Teacher Credentialing Program.

The participant agrees to act in good faith in all aspects of this Agreement and agrees to do all of the following:

- (A) Graduate from an institution of higher education under the program with a bachelor's degree.
- (B) Complete all of the requirements for, and obtain, a multiple subject, single subject, or education specialist teaching credential.
- (C) Complete one school year of classroom instruction in the school district, charter school, or county office of education for each year of assistance received for fees and tuition while attending an institution of higher education under the program.
- (D) Comply with the rules and requirements of the LEA's program established by the participant's employer.

Certification of Acceptance of Terms of the Agreement

I have read the Participant Commitment and Agreement for participation in the California Classified School Employee Teacher Credentialing Program and agree to comply with all terms included in the agreement.

Participant Signature

Date



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PART IV: VOLUNTARY DEMOGRAPHIC INFORMATION

Terms of this grant require our office to request the following demographic information from you. Note: completion of this information is voluntary. This will in no way affect the acceptance of your application or your receiving a grant award, and this information will be immediately separated from your grant application.

Please do not write your name or any other personally-identifying information on this page. Thank you.

1. Race (select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Multiracial | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Hawaiian |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Decline to state |
| <input type="checkbox"/> Cambodian | |

2. Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- Decline to state

3. Sexual Orientation:

- Heterosexual/Straight
- Gay/Lesbian
- Bisexual
- Other
- Not sure
- Decline to state

4. Gender Identity:

- Male
- Female
- Non-binary
- Decline to state