



T.E.A.C.H. Early Childhood® North Carolina Birth-Kindergarten Licensure Scholarship Program Application



1. PERSONAL INFORMATION

Date _____ Social Security # _____

Name _____ Preferred Name _____

Address _____

City, State, Zip _____

County _____

Phone Number Home: () Cell: () Work: ()

Email _____

Date of Birth (mm/dd/yyyy)

Gender _____

Ethnicity

Are you of Hispanic, Latino or Spanish origin?

- No Yes, Puerto Rican Other Hispanic, Latino or Spanish
- Yes, Mexican, Mexican American, Chicano Yes, Cuban

Do you consider yourself...?

- | | | |
|---|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Asian: |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Korean | <input type="checkbox"/> Other Pacific Islanders: |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other race: |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino | |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese | |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Samoan | |

The above information is used for demographic purposes only.

Please check the box indicating what language(s) you speak fluently (please check all that apply)

- | | | |
|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Japanese | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Korean | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Lao | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Creole | <input type="checkbox"/> Persian | <input type="checkbox"/> Tribal: _____ |
| <input type="checkbox"/> English | <input type="checkbox"/> Polish | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> French | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Russian | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other: _____ |

How many people live in your household? _____ Of those, how many are:

Your parents? _____ Siblings? _____ Spouse or significant other? _____ Children? _____ Other? _____

Have either of your parents or any of your brothers or sisters attended college? Yes No

Do either of your parents or any of your brothers or sisters have a college degree? Yes No

How did you hear about the T.E.A.C.H. Early Childhood® Scholarship Program?

- | | | |
|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Presentation | <input type="checkbox"/> College Instructor | <input type="checkbox"/> Coworker |
| <input type="checkbox"/> Mailing | <input type="checkbox"/> Employer | <input type="checkbox"/> CCSA Website |

2. EDUCATION INFORMATION

Please include an admission letter from participating university, an education plan, and proof of completed bachelor's degree.

Are you CPR/First Aid Certified? Yes No

Please check the box indicating what credentials and specializations you currently hold

- CDA: Infant/Toddler
- CDA: Preschool
- CDA: Family Child Care Home
- CDA: Home Visitor
- Specialization: Bi-Lingual (language: _____)
- North Carolina Issued Credential
- Post BA (state teaching license)
- Not Applicable

Please check the box that best describes your educational history

- No high school diploma
- High school diploma/GED
- 1-year certificate
- Associate Degree (Major: _____)
- Bachelor Degree (Major: _____)
- Masters (Major: _____)
- Doctorate

Have you taken any college courses in the past two years? Yes No

Have you taken any ECE credits in the past two years? Yes how many? No

What is your preferred language for learning?

Are you currently enrolled in an Early Childhood Degree program at a university in North Carolina? Yes No

When would you like your scholarship to begin? Fall Spring Summer _____ (year)

Which of the participating universities would/do you attend?

- Appalachian State
- Barton College
- Catawba College
- East Carolina University
- Elizabeth City State University
- Fayetteville State University
- Gardner-Webb University
- Greensboro College
- North Carolina A & T University
- North Carolina Central University
- University of North Carolina at Chapel Hill
- University of North Carolina at Charlotte
- University of North Carolina at Greensboro
- University of North Carolina at Pembroke
- University of North Carolina at Wilmington
- Western Carolina University
- Winston Salem State University

Describe your professional goals in early childhood education and how a Birth-Kindergarten license will help you reach them. (please attach additional sheet if you need more space)

Participation Agreement

I am aware that I will be required to pay a portion (10%) of the cost of tuition and books for courses leading to a Birth-Kindergarten Licensure. During the course of my contract I agree to remain employed with my sponsoring child care program for a minimum of 30 hours per week while completing 9-15 credit hours. In addition, I agree to remain employed with my sponsoring child care program for a minimum of 10 hours while performing the student teaching requirement. I am also willing to continue to work at my sponsoring center for six months, and the early childhood field for an additional year, after completing 9-15 credit hours in one contract year.

(signature of applicant)



Return This Application with Verification of Income to: T.E.A.C.H. Early Childhood® North Carolina
 P.O. Box 231 Chapel Hill, NC 27514 or fax (919) 967-7040
 If you have any questions, please call (919) 967-3272 www.childcareservices.org



3. CENTER OWNER/FAMILY BASED PROFESSIONAL MONTHLY INCOME WORKSHEET

Instructions: This sheet will help you determine your monthly earnings from your day care center/family child care home. For each question, use the amount you made or spent last month. Special instructions are in italics.

Remember, you **MUST** include income verification such as copies of receipts for each of the children you take care of or a statement detailing your weekly rate and number of children you care for.

- 1. What is the total amount paid to you by parents each week?
- 2. Total monthly parent fees - weekly fees x 4.33 (weeks per month)
- 3. How much was your Child & Adult Care Food Program Reimbursement?
- 4. How much did you receive from the Dept. of Social Services or other agencies for child care subsidy for children in your care?
- 5. **Total monthly revenue (add lines 2, 3, and 4)**

How much did you spend for children in your child care home last month on:

- 6. Food
- 7. Toys
- 8. Assistant/Substitute Care
- 9. Crafts/Supplies
- 10. Transportation (\$0.25/mile)
- 11. Training Fees
- 12. Gifts for Children/Families
- 13. Other (specify)
- 14. **Total monthly expenses (add lines 6-13)**

Revenue (line 5)	-	Expenses (line 14)	=	Monthly Earnings
minus			equals	

4. STATEMENT OF INCOME

Please attach a copy of your most recent pay stub here

Employer #1 _____	Hours/week _____	\$ _____	per _____	
Employer #2 _____	Hours/week _____	\$ _____	per _____	

Have you applied for any other financial aid? Yes No

If yes, what financial aid source(s) have you applied for?

<input type="checkbox"/> PELL Grant	<input type="checkbox"/> Smart Start Grant	<input type="checkbox"/> Scholarships	<input type="checkbox"/> Student Loans
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Financial Aid #1 _____	Date of application _____		
Application status <input type="checkbox"/> Awarded	<input type="checkbox"/> Denied	<input type="checkbox"/> Pending	
Financial Aid #2 _____	Date of application _____		
Application status <input type="checkbox"/> Awarded	<input type="checkbox"/> Denied	<input type="checkbox"/> Pending	

YOUR TOTAL INCOME \$ _____

YOUR TOTAL FAMILY INCOME (your spouse included) \$ _____



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5. EMPLOYMENT STATUS

What is your current job title?

- Teacher Administrator Non-Teaching Professional Staff
 Assistant Teacher Family Based Professional Non-Teaching Support Staff

What age groups do you teach? *(please check all that apply)*

- Infants (0-12 Months) Preschool (37 Months – PreK)
 Toddler (13-36 Months) School Age

Is your center a NC Pre-K site? Yes No

Are you a teacher in a NC Pre-K classroom? Yes No

How long have you worked in the field of early childhood?

- Less than 2 Years 2-5 Years 6-10 Years 10+ Years

How many children are in your classroom or child care facility (if you don't work in 1 classroom)? _____

How many hours per week do you work? _____

How many months per year do you work? _____

Beginning date of employment at current facility? (mm/dd/yyyy) _____

What is your current hourly salary? _____

6. RECIPIENT PERSONAL RESPONSIBILITIES AGREEMENT

This is an agreement between T.E.A.C.H. Early Childhood® North Carolina and the scholarship applicant (applicant name) _____. Please read carefully and then sign this agreement, initialing next to each line item. As a part of your application, this agreement **must** be signed and submitted along with any other required documents before your application can be considered complete.

Congratulations on taking the next step toward a greater education!

You should be very proud of yourself for investing in your own future and increasing your education. This scholarship represents an amazing opportunity – a debt free college education! This benefit to you comes with various responsibilities.

As a T.E.A.C.H. Early Childhood® Scholarship Recipient, I will:

- _____ Attend class, study, work hard and be a responsible student. This is a great opportunity that should be taken seriously.
- _____ Regularly communicate with my scholarship counselor. My counselor is available to help guide me through the process of attending college as well as balancing my college, work and family responsibilities. He/She is just a phone call or email away and can answer many questions.
- _____ Submit reimbursement forms in a timely manner. Preauthorization forms must be submitted in time for scholarship counselors to forward to the appropriate school. Form B's must be submitted for reimbursement of tuition, books and travel claims. If my model includes paid release time, I will sign the Form C's, be sure my director (if applicable) signs the Form C and help get it submitted for reimbursement for release time.
- _____ Contact my scholarship counselor regarding any changes to my employment or college status, or if I am having difficulty in meeting my course/college requirements or scholarship contract.
- _____ Submit my grades within 30 days of the close of the semester. Keeping my scholarship record up-to-date is critical to ensuring that I can continue my education without unnecessary delays.
- _____ Pay my bills from T.E.A.C.H. and/or my college in a timely manner. It is my responsibility to ensure that I am meeting all of my obligations.

Signature of Applicant

Date



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7. CENTER PARTICIPATION AGREEMENT

This agreement must be completed by the center director for teachers, and the center owner or board chairperson for directors.

The T.E.A.C.H. Early Childhood B-K Licensure Scholarship offered through Child Care Services Association requires the participation of each scholarship recipient's employing child care center. In the event that *(Applicant Name)* _____ is awarded a scholarship, I understand that *(Center Name)* _____ agrees to participate in one of the following ways. (Please check one to indicate which applicable option you prefer)

_____ **Director** is employee of center. *Option 1*
 Pay 10% of the cost of books and 10% of the tuition for 9-15 semester hours at a local university for the scholarship employee
 At the end of the contract term, upon completion of 9-15 semester hours, award a \$150 bonus to the scholarship employee

_____ **Director** is also owner of center. *Option 2*
 Pay 20% of the cost of books and 20% of the tuition for courses totaling 9-15 semester hours at a local university for the scholarship recipient.

_____ **Teacher**
 Pay 10% of the cost of books and 10% of the tuition for courses totaling 9-15 credit hours at a local university for the scholarship employee.
 Provide three hours per week of paid release time when the university is in session.
 At the end of the contract upon completion of 9-15 credit hours, award a \$150 bonus in two installments.

Please print name of director or chairperson/owner _____

Signature of director or chairperson/owner _____

Program License or Registration Number _____

Center Name _____

Center Address (city, state, zip, county) _____

Email Address _____

Tax ID Number _____

Please check all forms of funding your facility receives

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Head Start | <input type="checkbox"/> State PreK | <input type="checkbox"/> State Subsidies: Contracts |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> Title I | <input type="checkbox"/> State Subsidies: Vouchers |
| <input type="checkbox"/> State Head Start | <input type="checkbox"/> IDEA | <input type="checkbox"/> N/A |

For Head Start or Multi-Site Programs

Is this child care program owned or managed by another organization? Yes No

If yes, give the parent company name/address: _____

FOR ALL PROGRAMS

Number of children served _____

Center Auspice:

- | | | |
|---------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Head Start |
|---------------------------------|------------------------------------|-------------------------------------|

Center Star Rating:

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> GS110 |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--------------------------------|

Is your Center accredited:

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If yes by whom? _____



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8. STATEMENT AND SIGNATURE OF APPLICANT

I, _____ (applicant's name), attest that the information provided on this application and the supporting documentation is true to the best of my knowledge. I understand that falsifying application information or documentation or the failure to comply with documentation requirements may result in the inability to be a participant on this program. If my participation is terminated due to my failure to comply with documentation requirements, I understand that my employer may be notified along with the program funder. If for any reason the scholarship money is issued incorrectly as a result of false information provided by me, I acknowledge that I will be required to reimburse the T.E.A.C.H. Early Childhood® Scholarship Program North Carolina for the monetary support that was received in error.

Signature of Applicant

Date



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