



# T.E.A.C.H. Early Childhood® North Carolina Associate Degree Scholarship Program for Child Care Providers



## 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"/> American Indian or Alaska Native | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other Pacific Islanders: |
| <input type="checkbox"/> Asian Indian                     | <input type="checkbox"/> Filipino              |   |
| <input type="checkbox"/> Japanese                         | <input type="checkbox"/> Vietnamese            | <input type="checkbox"/> Other race:              |
| <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**

Are you CPR/First Aid Certified?  Yes  No

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

- |  |   |
|--|---|
| <input type="checkbox"/> CDA: Infant/Toddler         | <input type="checkbox"/> Specialization: Bi-Lingual (language: _____) |
| <input type="checkbox"/> CDA: Preschool              | <input type="checkbox"/> North Carolina Issued Credential             |
| <input type="checkbox"/> CDA: Family Child Care Home | <input type="checkbox"/> Post BA (state teaching license)             |
| <input type="checkbox"/> CDA: Home Visitor           | <input type="checkbox"/> Not Applicable                               |

Please check the box that best describes your educational history

- |   |  |
|---|--|
| <input type="checkbox"/> No high school diploma             | <input type="checkbox"/> Bachelor Degree<br>(Major: _____) |
| <input type="checkbox"/> High school diploma/GED            | <input type="checkbox"/> Masters<br>(Major: _____)         |
| <input type="checkbox"/> 1-year certificate                 | <input type="checkbox"/> Doctorate                         |
| <input type="checkbox"/> Associate Degree<br>(Major: _____) |  |

Please check the box that best describes your educational goals

- Earn an Early Childhood or School-Age Credential
- Take a few early childhood courses to obtain or upgrade job-related skills
- Earn an Early Childhood, Infant/Toddler or School-Age Certificate
- Earn an Early Childhood Associate Degree
- Earn an Early Childhood Associate Degree and transfer to a four-year college/university to earn a Bachelor's Degree

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 at a North Carolina community college?  Yes  No

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

Which community college would you like to attend? (Do not abbreviate) \_\_\_\_\_

**3. EMPLOYMENT STATUS**

What is your current job title?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Teacher           | <input type="checkbox"/> Administrator             | <input type="checkbox"/> Non-Teaching Professional Staff |
| <input type="checkbox"/> Assistant Teacher | <input type="checkbox"/> Family Based Professional | <input type="checkbox"/> Non-Teaching Support Staff      |

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

- |   |   |
|---|---|
| <input type="checkbox"/> Infants (0-12 Months)  | <input type="checkbox"/> Preschool (37 Months – PreK) |
| <input type="checkbox"/> Toddler (13-36 Months) | <input type="checkbox"/> 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?

- |  |                                    |                                     |                                    |
|--|------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Less than 2 Years | <input type="checkbox"/> 2-5 Years | <input type="checkbox"/> 6-10 Years | <input type="checkbox"/> 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? \_\_\_\_\_



**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



**4. FAMILY BASED PROFESSIONAL MONTHLY INCOME WORKSHEET**

Instructions: This sheet will help you determine your monthly earnings from your family child care home. For each question, use the amount you made or spent last month.

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? 

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- 2. Total monthly parent fees - weekly fees x 4.33 (weeks per month) 

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- 3. How much was your Child & Adult Care Food Program Reimbursement? 

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- 4. How much did you receive from the Dept. of Social Services or other agencies for child care subsidy for children in your care? 

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- 5. **Total monthly revenue (add lines 2, 3, and 4)**

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

- 6. Food 

--
- 7. Toys 

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- 8. Assistant/Substitute Care 

--
- 9. Crafts/Supplies 

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- 10. Transportation (\$.25/mile) 

--
- 11. Training Fees 

--
- 12. Gifts for Children/Families 

--
- 13. Other (specify) 

--
- 14. **Total monthly expenses (add lines 6-13)**

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\_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
 Revenue (line 5)          minus          Expenses (line 14)          equals          Monthly Earnings (job 1 earnings above)

**5. 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?  
 PELL Grant           Smart Start Grant           Scholarships           Student Loans

**Financial Aid #1** \_\_\_\_\_ Date of application \_\_\_\_\_  
 Application status           Awarded           Denied           Pending

**Financial Aid #2** \_\_\_\_\_ Date of application \_\_\_\_\_  
 Application status           Awarded           Denied           Pending

YOUR TOTAL INCOME \$ \_\_\_\_\_

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



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**6. FACILITY INFORMATION**

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:  Profit  Nonprofit  Head Start  
 Center Star Rating:  1  2  3  4  5  GS110  
 Is your Center accredited:  Yes  No  
 If yes by whom? \_\_\_\_\_

**7. CENTER PARTICIPATION AGREEMENT FOR FAMILY BASED PROFESSIONALS**

The T.E.A.C.H. Early Childhood Associate Degree Program offered through Child Care Services Association requires the participation of each scholarship recipient. In the event that I (*Applicant Name*) \_\_\_\_\_ am awarded a scholarship, I agree to the following participation requirements:

**Family Based Professionals**

- Pay 20% of the cost of tuition and books for courses totaling 9-15 semester hours at my local community college
- Complete 9-15 semester hours in Early Childhood Education during a 12 month period
- Continue the operation of my family child care home for one year after completion of the course requirements

Please print name of family child care home owner \_\_\_\_\_  
 Signature of family child care home owner \_\_\_\_\_

**8. CENTER PARTICIPATION AGREEMENT FOR PART DAY LICENSED PRESCHOOL AND SCHOOL AGE PROGRAMS**

This agreement must be completed by the center director, owner, or board chairperson.

The T.E.A.C.H. Early Childhood Associate Degree Program 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.

- Pay 50% of the cost of books and 50% of the tuition for a maximum of 15 semester hours at a local community college for the scholarship employee
- At the end of the contract term, upon completion of 9-15 semester hours, award a \$125 bonus to the scholarship employee

Please print name of director or chairperson/owner \_\_\_\_\_  
 Signature of director or chairperson/owner \_\_\_\_\_



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## 9. CENTER PARTICIPATION AGREEMENT FOR CENTER TEACHERS AND DIRECTORS

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

The T.E.A.C.H. Early Childhood Associate Degree Program 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 12-15 semester hours at a local community college for the scholarship employee

At the end of the contract term, upon completion of a minimum of 12 semester hours, award a \$250 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 12-15 semester hours at a local community college for the scholarship recipient.

\_\_\_\_\_ **Teacher - Option 1- A (Small Raise Option)**

Pay 10% of the cost of tuition for courses totaling 9-12 credit hours at a local community college for the scholarship employee.

Provide paid release time each week for my scholarship employee. The amount of release time is equal to the number of credit hours the employee is taking up to a maximum of six hours per week. Release time will be provided when the college is in session.

At the end of the contract upon completion of 9-12 credit hours issue a 3% raise.

\_\_\_\_\_ **Teacher - Option 1- B (Large Raise Option)**

Pay 10% of the cost of tuition for courses totaling 13-15 credit hours at a local community college for the scholarship employee.

Provide paid release time each week for my scholarship employee. The amount of release time is equal to the number of credit hours the employee is taking up to a maximum of six hours per week. Release time will be provided when the college is in session.

At the end of the contract upon completion of 13-15 credit hours issue a 4% raise.

\_\_\_\_\_ **Teacher - Option 2- A (Small Bonus Option)**

Pay 10% of the cost of books and 10% of the tuition for courses totaling 9-12 credit hours at a local community college for the scholarship employee.

Provide three hours per week of paid release time when the college is in session regardless of the number of courses taken.

At the end of the contract upon completion of 9-12 credit hours, award a \$200 bonus in two installments.

\_\_\_\_\_ **Teacher - Option 2- B (Large Bonus Option)**

Pay 10% of the cost of books and 10% of the tuition for courses totaling 13-15 credit hours at a local community college for the scholarship employee.

Provide three hours per week of paid release time when the college is in session regardless of the number of courses taken.

At the end of the contract upon completion of 13-15 credit hours, award a \$350 bonus in two installments.

Please print name of director or  
chairperson/owner

Signature of director or chairperson/owner

\_\_\_\_\_

\_\_\_\_\_



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## 10. 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® North Carolina Scholarship Program for the monetary support that was received in error.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## 11. 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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