



# T.E.A.C.H. Early Childhood® North Carolina

*Proudly Announces the*

## Early Educator Certification Scholarship Model

T.E.A.C.H. Early Childhood® North Carolina has expanded its current scholarship opportunities to include the Early Educator Certification (EEC) Scholarship! The EEC Scholarship is ideal for certified Early Educators who are working to complete their EEC renewal requirements.

### **What is the Early Educator Certification Scholarship?**

The Early Educator Certification Scholarship is a new T.E.A.C.H. scholarship option that allows certified Early Educators to take coursework needed to meet the renewal requirements for their certification. Typically, TEACH scholarships require 9 or more semester credit hours per contract year. The EEC Scholarship requires only 6 semester credit hours to receive compensation associated with the scholarship.

### **What does the EEC Scholarship provide?**

In addition to counseling support, the EEC scholarship provides financial support for costs associated with tuition and fees, books, travel, release time and a bonus. Refer to matrix on back. Coursework leading to a bachelor's degree may be taken at a 4 year institution if the individual has already earned her associate degree or its equivalent.

### **Who is eligible to apply for the EEC Scholarship?**

Teachers, assistant teachers, directors and family providers are eligible to apply for this scholarship if they

- are working at least 30 hours per week in a NC licensed child care facility;
- earn less than \$15 per hour

### **What are the responsibilities of the scholarship recipient?**

A scholarship recipient must attend classes regularly, successfully complete 6 credit hours and submit grades to T.E.A.C.H. The EEC scholarship is only available to a recipient once per EEC renewal cycle.

### **What kind of employment commitment is the scholarship recipient required to make?**

A scholarship recipient must be willing to remain with the employer for 9 months in exchange for receiving a monetary bonus.

### **What are the benefits of an EEC Scholarship to a sponsoring program?**

Sponsoring programs have minimal cost, better educated teachers in the class and lower turnover rates.

### **Which community colleges or universities accept the EEC Scholarship?**

T.E.A.C.H. Early Childhood® NC scholarships are accepted at each of North Carolina's 58 community colleges statewide. Please call the T.E.A.C.H. office for a list of universities that accept this scholarship.

To receive more information or to request an application, contact:  
T.E.A.C.H. Early Childhood® Project  
[www.childcareservices.org](http://www.childcareservices.org)  
PO Box 231, Chapel Hill, NC 27514  
Phone (919) 967-3272 Fax (919) 967-7040



# T.E.A.C.H. Early Childhood® Early Educator Certification (EEC) Scholarship

<b>T.E.A.C.H. Early Childhood® EEC Scholarship</b>	<b>Sponsoring Center</b>	<b>T.E.A.C.H. Scholarship Recipient</b>
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## *SCHOLARSHIP*

80% Tuition 90% Books Pays \$65 Travel Stipend Reimburses half of release time @\$8.50/hr	10% Tuition Provides 3 hours paid release time/week per semester	10% Tuition 10% Books Receives 3 hours of paid release time weekly per semester Receives \$65 travel stipend
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## *EDUCATION*

Recipient completes 6 credit hours of coursework to maintain certification by attending a N.C. Community College or University.

## *COMPENSATION*

Awards \$250 Bonus	Awards \$100 Bonus	Receives \$350 Bonus
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## *COMMITMENT*

Recipient will agree to work 9 months in sponsoring center at completion of 6 credit hours and award of bonus





# T.E.A.C.H. Early Childhood® Early Educator Certification Scholarship Program Application

FOR PROCESSING PURPOSES, PLEASE PRINT CLEARLY.

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

1. Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

2. Address: \_\_\_\_\_ County: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Telephone: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

5. Email Address: \_\_\_\_\_

## 6. Employment Status

a. What is your job title? *Mark all that apply.*

Administrator     Owner     Director     Assistant Director     Coordinator     Home Visitor

Assistant Teacher     Teacher     Americorp Member     Floater     Cook     Driver

MAF Director     MAF Assistant Director     MAF Teacher     MAF Assistant Teacher     Other (specify)

b. How many hours per week do you work? \_\_\_\_\_

c. Beginning date of employment in current work place? \_\_\_\_/\_\_\_\_/\_\_\_\_

d. What age groups do you teach? \_\_\_\_\_

e. Number of children in your classroom or child care home? \_\_\_\_\_

f. What is your current hourly salary? \_\_\_\_\_

## 7. Family Structure

a. How many people live in your household? \_\_\_\_\_

b. List everyone in your household and their relationship to you.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

## 8. Ethnicity: Do you consider yourself . . . ?

White/European American     Black/African American     Hispanic/Latino/Latina

Asian/Pacific Islander     American Indian (tribe) \_\_\_\_\_

Biracial     Other \_\_\_\_\_

## 9. How did you find out about the T.E.A.C.H. Early Childhood® Project? *Choose one.*

Presentation    Mailing    R&R Agency    College    Center    TEACH Recipient    Workshop    Online    Other (specify)

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10. How many years have you worked in a child care center or a family child care home? \_\_\_\_\_

**11. Educational Information**

<u>Name</u>	<u>Dates Attended</u>		
<u>High School</u>		<u>Diploma</u>	<u>G.E.D.</u>
		___ Yes ___ No	___ Yes ___ No
<u>College/ University</u>		<u>Major</u>	<u>Degree or Cred. Hrs</u>

12. Have you already received your Early Educator’s Certificate? \_\_\_ Yes \_\_\_ No

13. If yes, when does your certificate expire? (Please provide a copy) \_\_\_\_\_

14. Which community college or university would you like to attend?

*Do not abbreviate.* \_\_\_\_\_

When would you like to begin? (circle one): FALL SPRING SUMMER \_\_\_\_\_  
Year

15. Are you currently enrolled in a community college or university in North Carolina? \_\_\_ Yes \_\_\_ No

16. What are your professional goals in early childhood education? Describe how coursework will help you achieve these goals. Be sure to include your long term career goals.

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17. Is there anything you would like us to consider when reviewing your application?

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**T.E.A.C.H. Early Childhood® Project  
Scholarship Program  
Statement of Income**

Instructions: List sources of income available to you. For each source of income, you must provide a copy of verification of that income. A statement from your employer indicating your hours and rate of pay or a most recent pay stub will verify earnings from a job. A statement from your ex-spouse or a court award letter can be used to verify child support.

APPLICANT'S INCOME

- A. Earnings Job #1 \_\_\_\_\_ per \_\_\_\_\_
- B. Employer #1 \_\_\_\_\_
- C. Hours/Week \_\_\_\_\_
- D. Earnings Job #2 \_\_\_\_\_ per \_\_\_\_\_
- E. Employer #2 \_\_\_\_\_
- F. Hours/Week \_\_\_\_\_
- G. Have you applied for any other financial aid, such as Pell Grants, Smart Start Grants, JTPA or student loans?  Yes  No If YES, complete G1 and G2 below.
- G1. Source of financial aid #1: \_\_\_\_\_  
Date applied: \_\_\_\_\_ Application Status:  Awarded  Denied  Pending  
*If awarded, please provide a copy of your reward letter.*
- G1. Source of financial aid #2: \_\_\_\_\_  
Date applied: \_\_\_\_\_ Application Status:  Awarded  Denied  Pending  
*If awarded, please provide a copy of your reward letter.*
- H. YOUR TOTAL INCOME \$ \_\_\_\_\_
- I. TOTAL FAMILY INCOME (your spouse included) \$ \_\_\_\_\_

STATEMENT & SIGNATURE OF APPLICANT

I attest to the fact that the information that I have provided is true and accurate. Based on this information I am applying to Child Care Services Association for a scholarship to help pay the cost of educational expenses.

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

\_\_\_\_\_  
Date

PLEASE ATTACH A COPY OF YOUR MOST RECENT PAY STUB HERE

**T.E.A.C.H. Early Childhood® Project**  
**Early Childhood Early Educator Certification Scholarship Program**  
**Center Participation Agreement**

The T.E.A.C.H. Early Childhood Early Educator Certification Scholarship Program offered through Child Care Services Association requires the participation of each scholarship recipient's employing child care center. In the event \_\_\_\_\_ is  
 (Applicant Name)  
 awarded a scholarship, I understand the center agrees to all guidelines below.

\_\_\_\_\_ **Model for Teachers, Assistant Teachers, Floaters**

1. Pay 10% of the cost of tuition for courses totaling 6 credit hours at a local community college for the scholarship employee.
2. Provide 3 hours of paid release time each week for my scholarship employee. Release time will be provided when the college is in session.
3. At the end of the contract upon completion of 6 credit hours issue a \$100 bonus.

\_\_\_\_\_ **Model for Family Home Providers**

1. Pay 20% of the cost of tuition and books for courses totaling 6 credit hours at a local community college.

**Model for Center Directors (Employee or Owner of center)**

\_\_\_\_\_ **Model One (Director is employee of center)**

1. Pay 10% of the cost of tuition and books for courses totaling 6 credit hours at a local community college for the scholarship employee.
2. At the end of the contract upon completion of 6 credit hours issue a \$100 bonus.

\_\_\_\_\_ **Model Two (Director is also owner of center)**

1. Pay 20% of the cost of tuition and books for courses totaling 6 credit hours at a local community college for the scholarship employee.

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

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

Center Email Address: \_\_\_\_\_

Name of Director/Owner: \_\_\_\_\_

Signature of Director/Owner: \_\_\_\_\_ Date: \_\_\_\_\_

License #: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Center Auspices: \_\_\_ Profit \_\_\_ Non-Profit \_\_\_ Head Start

Center Star Rating: \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ GS110

Is your center accredited?: \_\_\_ Yes \_\_\_ No

If yes, by whom? \_\_\_\_\_

**Application Checklist:**

- |   |  |
|---|--|
| <input type="checkbox"/> Application Completed          | <input type="checkbox"/> Verification of Income  |
| <input type="checkbox"/> Participation Agreement Signed | <input type="checkbox"/> Copy of EEC Certificate |

**Return This Application with Verification of Income to: T.E.A.C.H. Early Childhood® Project**  
**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](http://www.childcareservices.org)**

