

Ethnicity

Are you of Hispanic, Latino or Spanish origin?

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

Do you consider yourself...?

- White
- Black, African Am. Or Negro
- American Indian or Alaska Native
- Asian Indian
- Japanese
- Native Hawaiian
- Chinese
- Korean
- Guamanian or Chamorro
- Filipino
- Vietnamese
- Samoan
- Other Asian:
- Other Pacific Islanders:
- Other race:

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

- Presentation
- Mailing
- CCR&R Agency
- College
- My Center Director
- T.E.A.C.H. Recipient
- Workshop
- Website
- Other (please specify):

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

Please check one 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

Are you currently enrolled at a community college? Yes No

When would you like your scholarship to begin? (circle one)
FALL SPRING SUMMER _____ (year)

Which Community College would you like to attend? _____

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





Center Participation Agreement

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. *Model One*
 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. *Model Two*
 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 One - 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 One - 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 Two - 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 Two - 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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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 | |

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? _____

Statement of Income PLEASE ATTACH A COPY OF YOUR MOST RECENT PAY STUB HERE

Job #1 Employer _____
 Hours/Week _____ Earnings _____ per _____

Job #2 Employer _____
 Hours/Week _____ Earnings _____ per _____

Have you applied for any other financial aid (such as Pell Grants, Smart Start Grants or student loans)?
 YES NO

Source of financial aid #1 _____ Date of application _____
 Application Status: AWARDED DENIED PENDING

Source of financial aid #2 _____ Date of application _____
 Application Status: AWARDED DENIED PENDING

YOUR TOTAL INCOME \$ _____

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

STATEMENT & 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® Project for the monetary support that was received in error.

Signature of Applicant

Date

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