



T.E.A.C.H. Early Childhood[®] Bachelor Degree Scholarship Program Application

FOR PROCESSING PURPOSES, PLEASE PRINT CLEARLY.

Date: _____

Name: _____ **Social Security #:** _____

Address: _____ **County:** _____

City: _____ **State:** _____ **Zip:** _____

Telephone: Home (____) _____ Work (____) _____

Email Address: _____

Employment Status

- a. What is your job title? _____
- b. How many hours per week do you work? _____
- c. When were you first employed at your current workplace? _____
- d. Do you work in a classroom? Yes No
If yes, what age group do you work with? _____
- e. What is your current hourly salary? _____
- f. Do you own your center/large family child care home? Yes No
- g. Is your center a More At Four site? Yes No
- h. Are you a teacher in a More At Four classroom? Yes No

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 _____

Ethnicity: Do you consider yourself . . . ?

- White/European American
 Black/African American
 Hispanic/Latino/Latina
 Asian/Pacific Islander
 American Indian (tribe) _____
 Biracial
 Other _____

How did you find out about the T.E.A.C.H. Early Childhood[®] Project?

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

How many years have you worked in a child care center or a family child care home? _____

Educational Background

High School	Dates Attended	Diploma ___Yes ___No	G.E.D. ___Yes ___No
College/ University	Dates Attended	Major	Degree or Cred. Hrs

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

If "Yes" which degree are you working on?

- ___ Child Development
- ___ Early Childhood Education
- ___ Birth-Kindergarten Teaching Certification
- ___ Other (Please Specify Major)

Describe how far you have progressed toward your degree.

Which of the participating universities would/do you attend?

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

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

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

Participation Agreement

I am aware that I may be required to pay a portion (10-20%) of the cost of tuition and books for courses leading to a Bachelor's Degree. I am also willing to continue to work at my sponsoring center for one year, and in the early childhood field for an additional year, after completing 9-12 credit hours in one contract year.

(Signature of Applicant)

If the applicant is a teacher, complete the Center Participation Agreement on Page 3. If the applicant is a director, complete the agreement on page 4.

Center Participation Agreement – Applicant is a TEACHER

The Bachelor’s Degree Scholarship Program offered through Child Care Services Association requires the participation of each scholarship recipient’s employing child care center. In the event that _____ is awarded a

(Name of Applicant)

scholarship, I understand that the center agrees to participate in one of the following ways:

(Please check one to indicate which option you prefer.)

___ I prefer Option 1 as described below.

The sponsoring center agrees to:

1. Pay 10% of the cost of tuition for courses totaling 9-12 credits at a local university for the scholarship employee.
2. Provide paid release time each week for the scholarship employee. The amount of release time is equal to the number of credit hours the employee is taking, up to a maximum of 6 hours per week. Release time will be provided when the university is in session.
3. At the end of the year, upon successful completion of 9-12 credit hours, provide the scholarship employee a 5% raise. This raise is above and beyond any other expected raise.

___ I prefer Option 2 as described below.

The sponsoring center agrees to:

1. Pay 50% of the cost of books and tuition for courses totaling 9-12 credit hours at a local university for the scholarship employee.
2. Provide 2 hours per week of paid release time when the university is in session regardless of the number of courses taken.
3. At the end of the year, upon completion of 9-12 credit hours, award a \$300 bonus in two installments.

Center Name: _____

Center Address: _____

City : _____ **State:** _____ **Zip:** _____

Center Email Address: _____

Name of Director/Owner: _____

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? _____

Signature of Director/Owner: _____

Date: _____

Center Participation Agreement – Applicant is a DIRECTOR

The Bachelor’s Degree Scholarship Program offered through Child Care Services Association requires the participation of each scholarship recipient’s employing child care center. In the event that the director of _____

(Name of Center/Large Home)

is awarded a scholarship, I , as the owner or Chairperson of the Board of Directors of the child care center, understand that the center agrees to participate in one of the following ways:

(Please check one to indicate which model is appropriate in your situation)

___ Model 1 – Director is an employee of the center.

The sponsoring center agrees to:

1. Pay 10% of the cost of tuition and books for courses totaling 9-12 credits at a local university for the scholarship employee.
2. At the end of the year, upon successful completion of 9-12 credit hours, award a \$300 bonus to the scholarship employee.

___ Model 2 – Director is the owner of the center.

The sponsoring center agrees to:

1. Pay 20% of the cost of books and tuition for courses totaling 9-12 credit hours at a local university for the scholarship employee.

Center Name: _____

Center Address: _____

City: _____ **State:** _____ **Zip:** _____

Center Email Address: _____

Name of Director/Owner: _____

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? _____

Signature of Director/Owner: _____

Date: _____



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

Instructions: List sources of income available to you. For your 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 your 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