



T.E.A.C.H. Early Childhood[®] Bachelor Degree Practicum Only 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

<u>College/ University</u>	<u>Dates Attended</u>	<u>Major</u>	<u>Degree or Cred. Hrs</u>

Which of the participating universities would/do you attend?

- East Carolina University
- Elizabeth City State University
- Barton College
- Fayetteville State University
- Appalachian State University
- Greensboro College
- North Carolina A & T University
- North Carolina Central 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

Which semester would you start your student teaching?

___ Fall ___ Spring ___ Summer _____
Year

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

Participation Agreement

I am aware that during the course of my contract I am required to remain employed with my sponsoring child care program for a minimum of 10 hours per week while performing the student teaching requirement. I am also willing to continue to work at my sponsoring center for six months and in the early childhood field for an additional year.

(Signature of Applicant)





Center Participation Agreement

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

(Name of Applicant)

is awarded a scholarship, I understand that the center agrees to participate in the following way:

1. Complete and return claim forms for reimbursement of substitute care during the practicum semester by the 10th of each month or by the end of the semester.
2. Notify CCSA within 10 days of any changes in the scholarship recipient's employment status.
3. Provide CCSA with demographic information about the center to satisfy reporting requirements to granting agencies.
4. Submit all term claims within 30 days after the close of each semester.

Center Name: _____

Center Address: _____

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

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

Application Checklist:

- Application Completed
 - Verification of Income
 - Participation Agreement Signed
 - Verification of Required Coursework Completion*
 - Admission Letter from University
- *Must have at least 55 hours of transferable credit.

Return this application to:

T.E.A.C.H. Early Childhood® Project
Child Care Services Association
P.O. Box 231
Chapel Hill, NC 27514

Call us at 919-967-3272 with any questions.

