

Ethnicity

Are you of Hispanic, Latino or Spanish origin?

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

Do you consider yourself...?

- | | | |
|---|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Asian: |
| <input type="checkbox"/> Black, African Am. Or Negro | <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 | |

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

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Presentation | <input type="checkbox"/> College | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Mailing | <input type="checkbox"/> My Center Director | <input type="checkbox"/> Website |
| <input type="checkbox"/> CCR&R Agency | <input type="checkbox"/> T.E.A.C.H. Recipient | <input type="checkbox"/> Other (please specify):
_____ |

Please check the box that best describes your educational history

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

Please check one that best describes your educational goals

- Earn a Bachelor's Degree in Early Childhood
 Earn a Birth-Kindergarten License
 Earn a Preschool Add-On License

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

How far have you progressed toward your degree?

When would you like your scholarship to begin? (circle one)

FALL SPRING SUMMER _____ (year)

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



Which of the participating universities would/do you attend?

- | | |
|--|---|
| <input type="checkbox"/> Appalachian State | <input type="checkbox"/> North Carolina Central University |
| <input type="checkbox"/> Barton College | <input type="checkbox"/> University of North Carolina at Charlotte |
| <input type="checkbox"/> Catawba College | <input type="checkbox"/> University of North Carolina at Greensboro |
| <input type="checkbox"/> East Carolina University | <input type="checkbox"/> University of North Carolina at Pembroke |
| <input type="checkbox"/> Elizabeth City State University | <input type="checkbox"/> University of North Carolina at Wilmington |
| <input type="checkbox"/> Fayetteville State University | <input type="checkbox"/> Western Carolina University |
| <input type="checkbox"/> Greensboro College | <input type="checkbox"/> Winston Salem State University |
| <input type="checkbox"/> North Carolina A & T University | |

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)

Application Checklist *(for office purposes only)*

- | | |
|---|--|
| <input type="checkbox"/> Application Completed | <input type="checkbox"/> Admission Letter from University |
| <input type="checkbox"/> Participation Agreement Signed | <input type="checkbox"/> Transcript/Transcript Evaluation* |
| <input type="checkbox"/> Verification of Income | *must have at least 55 hrs. of transferable credit |

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Center Owner/Family Child Care Provider Monthly Income Worksheet

Instructions: This sheets to help you determine your monthly earnings from your day care center/family child care home. For each question, use the amount you made or spent last month. Special instructions are in italics.

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? | |
| 2. Total monthly parent fees - weekly fees x 4.33 (weeks per month) | |
| 3. How much was your Child & Adult Care Food Program Reimbursement? | |
| 4. How much did you receive from the Dept. of Social Services or other agencies for child care subsidy for children in your care? | |
| 5. Total monthly revenue (add lines 2, 3, and 4) | |

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

- | | |
|--|--|
| 6. Food | |
| 7. Toys | |
| 8. Assistant/Substitute Care | |
| 9. Crafts/Supplies | |
| 10. Transportation (\$0.25/mile) | |
| 11. Training Fees | |
| 12. Gifts for Children/Families | |
| 13. Other (specify) | |
| 14. Total monthly expenses (add lines 6-13) | |

Revenue (line 5)	-	Expenses (line 14)	=	Monthly Earnings
minus			equals	

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Center Participation Agreement

This agreement must be completed by the center director for teachers, and the center owner or board chairperson for directors. (Please check one to indicate which applicable option you prefer)

The T.E.A.C.H. Early Childhood Bachelor’s 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.

_____ **Director** is employee of center. *Model One*
Pay 10% of the cost of books and 10% of the tuition for 9-12 semester hours at a local university for the scholarship employee
At the end of the contract term, upon completion of 9-12 semester hours, award a \$300 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 9-12 semester hours at a local university for the scholarship recipient.

_____ **Teacher Option One**
Pay 10% of the cost of tuition for courses totaling 9-12 credit hours at a local university 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 university is in session.
At the end of the contract upon completion of 9-12 credit hours issue a 5% raise. This raise is above and beyond any other expected raise.

_____ **Teacher Option Two**
Pay 50% of the cost of books and 50% of the tuition for courses totaling 9-12 credit hours at a local university for the scholarship employee.
Provide two hours per week of paid release time when the university 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 \$300 bonus in two installments.

Please Print name of director or chairperson/owner _____
Signature of director or chairperson/owner _____
Program License or Registration Number _____
Center Name _____
Center Address (city, state, zip, county) _____
Email Address _____
Tax ID Number _____

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Please check all forms of funding your facility receives

- Head Start
- Early Head Start
- State Head Start
- State PreK
- Title I
- IDEA
- State Subsidies: Contracts
- State Subsidies: Vouchers

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
- 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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