



T.E.A.C.H. Early Childhood[®] Birth-Kindergarten Licensure Practicum Only Scholarship Program Application

FOR PROCESSING PURPOSES, PLEASE PRINT CLEARLY.

Date: _____
 Name: _____ SSN: _____
 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 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 you 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? (choose one)

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

College/University	Dates Attended	Major	Degree or Cred. Hours

Which of the participating universities are you attending?

- Appalachian State University
- Barton College
- East Carolina University
- Elizabeth City State University
- Fayetteville State University
- Greensboro College
- North Carolina A & T University
- North Carolina Central University
- University of North Carolina at Chapel Hill
- University of North Carolina at Charlotte
- University of North Carolina at Greensboro
- University of North Carolina at Pembroke
- University of North Carolina at Wilmington
- University of North Carolina at Asheville
- 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 Birth-Kindergarten Licensure 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:** _____

Statement of Income

Instructions:

List sources of income available to you. For each source of income, you must provide verification. A statement from your employer indicating your hours and rate of pay or your most recent pay stub will verify earning from a job. A statement from your ex-spouse or a court award letter can be used to verify child support. Family child care providers must first complete the *Family Child Care Provider's Income Worksheet* on the right and enter the monthly earnings as income below.

Applicant's Income

Employer _____
 Hours per week _____
 Earnings \$ _____ per _____

Employer _____
 Hours per week _____
 Earnings \$ _____ per _____

Are you a student? ___ yes ___ no
 If "yes," please complete lines a-c below.

- a. Scholarship/Grant \$ _____
- b. Scholarship/Grant \$ _____
- c. Student Loan \$ _____

Child Support/Alimony \$ _____

AFDC/SSI
 \$ _____

Applicant's Total Income
 \$ _____ per _____

Applicant's Total Family Income
 (spouse or other family members included)
 \$ _____ per _____

**Family Child Care Provider's
 Income Worksheet**

Instructions:

This sheet is to help you determine your monthly earnings from your family child care home. For each line, use the amount you made or spent last month. Remember, you must include *verification of your income* such as copies of receipts from each of the children you care for or a signed statement from each parent with the amount they pay you each week.

Monthly Revenue

1. Total amount received from parents each week
 \$ _____
2. Total Monthly Parent Fees (multiply line 1 x 4.33)
 \$ _____
3. Amount of Child Care Food Program Reimbursement \$ _____
4. Amount of DSS or Child Care Resources subsidy for children in your care
 \$ _____
5. **Total monthly revenue**
 (add lines 2,3, & 4 above)
 \$ _____

Monthly Expenses

Last month, how much did you spend on the following items for children in your care?

6. Food \$ _____
7. Toys \$ _____
8. Assistant/Substitute Care
 \$ _____
9. Crafts/Supplies \$ _____
10. Transportation (\$0.25 per mile)
 \$ _____
11. Training Fees \$ _____
12. Gifts for children/families
 \$ _____
13. Other (Specify)
 _____ \$ _____
14. **Total Monthly expenses** (add lines 6-13 above)
 \$ _____

Monthly Revenue
 (Line 5) \$ _____

Monthly Expenses
 (Line 14) - \$ _____

Monthly Earnings = \$ _____

Application Checklist:

- | | |
|---|--|
| <input type="checkbox"/> - Application Completed | <input type="checkbox"/> - Verification of Income |
| <input type="checkbox"/> - Participation Agreement Signed | <input type="checkbox"/> - Verification of Required Coursework Completion* |
| <input type="checkbox"/> - Admission Letter from University | |

*Must have at least 85 hours of credit toward the 130 necessary for a B-K License.

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.

