

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: _____) | |

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

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

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, and the center owner or board chairperson for directors.

The T.E.A.C.H. Early Childhood Birth-Kindergarten Licensure Practicum Only Scholarship 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 the following ways.

- 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.
- Notify CCSA within 10 days of any changes in the scholarship recipient's employment status.
- Provide CCSA with demographic information about the center to satisfy reporting requirements to granting agencies.
- Submit all term claims within 30 days after the close of each semester.

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 _____

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? _____

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Statement of Income

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

PLEASE ATTACH A COPY OF YOUR MOST RECENT PAY STUB HERE

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 the early childhood field for an additional 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"/> Verification of required coursework completion* |
| <input type="checkbox"/> Verification of Income | *must have at least 85 hrs. of credit toward the 130 necessary for a B-K license |

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