

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

12. Why do you want to earn a N.C. Early Childhood Credential?

13. Education Information

| | | | |
|--------------------|----------------|-----------------------|----------------------|
| High School | Dates Attended | Diploma? (circle one) | GED (circle one) |
| | | Yes No | Yes No |
| College/University | Dates Attended | Major(s) | Degree or Credit hrs |
| | | | |
| | | | |
| | | | |

14. Participation Agreement

A. To be completed by all applicants

I am aware that I must pay a portion (10% - 20%) of the cost of tuition and books for the course or courses needed to earn the N.C. Early Childhood Credential. I am also aware that I am expected to work in child care for one year after completing the N.C. Early Childhood Credential. (This must be signed for your application to be processed.)

(Signature of Applicant)

(If Applicable, reg # of day care home)

Return this Application with Verification of Income to:

T.E.A.C.H. Early Childhood® Project
Child Care Services Association
P.O. box 231, Chapel Hill, NC 27514
Or
Fax (919) 967-7040

If you have any question, please call:
(919) 967-3272

www.childcareservices.org

To be completed by Director for center-based applicants

I realize that this center will be responsible for 10% of the cost of tuition and books of the applicant for the course or courses needed to earn the N.C. Early Childhood Credential.

(Name of Director)

(Signature of Director)

Ctr. License #: _____
Ctr Tax ID #: _____

(Name of Center)

(Center Address)

(Email Address)

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? _____

<.....>

For Head Start or Multi-site Programs:

Is this child care program managed by another organization? __Yes __No If yes, give the parent company name/address: _____

**Scholarship Application
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 you employer indicating your hours and rate of pay or a most recent pay stub will verify earnings from a job.

Family Child Care Providers must also complete the Monthly Income Worksheet on the next page.

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 award letter.
 - G2. Source of financial aid #2 _____
Date Applied: _____ Application Status: Awarded Denied Pending
if awarded, please provide a copy of your award letter.
- H. YOUR TOTAL INCOME \$ _____
- I. TOTAL FAMILY INCOME (your spouse included) \$ _____

STATEMENT & SIGNATURE OF APPLICANT

I attest to the fact that the information 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



**Family Child Care Providers
Monthly Income Worksheet**

INSTRUCTIONS

This sheet is to help you determine your monthly earnings from your family child care home. Base your answers on last month's receipts. Special instructions are in italics.

1. What is the total amount paid to you by parents each week? _____
(Multiply for weeks/month) x 4.33
2. **Total monthly parent receipts** _____
3. How much was your Child & Adult Care Food Prog. reimbursement? _____
4. How much did you receive from DSS or another agency 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 _____
11. Training fees _____
12. Gifts for Children/Families _____
13. Other (specify) _____
14. **Total Monthly Expenses**
Add lines 6-13 _____

_____ - _____ = _____
Revenue **Expenses** **Monthly**
Line 5 **Line 14** **Earnings**

TOTAL FAMILY INCOME/MONTH _____
(your spouse included)

Remember you must include verification of your income such as copies of receipts from each of the children in your care of or a statement detailing your weekly rate and number of children you serve.

**ATTACH
INCOME VERIFICATION
HERE**

Please attach verification if income such as copies of receipts from each of the children in you care or a statement detailing your weekly rate and number of children you serve.

