

**T.E.A.C.H. Early Childhood® North Carolina Early Educator Certification
Scholarship Program Application**



Date _____ Social Security # _____

Name _____

Address _____

City, State, Zip _____

County _____

Phone Number Home: () Work: ()

Email _____

Date of Birth (mm/dd/yyyy) _____

Gender _____

Employment Status

What is your current job title?

- | | | |
|--|--|--|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Administrator | <input type="checkbox"/> Non-Teaching Professional Staff |
| <input type="checkbox"/> Assistant Teacher | <input type="checkbox"/> Family Based Professional | <input type="checkbox"/> Non-Teaching Support Staff |

What age groups do you teach? *(please check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Infants (0-12 Months) | <input type="checkbox"/> Preschool (37 Months – PreK) |
| <input type="checkbox"/> Toddler (13-36 Months) | <input type="checkbox"/> School Age |

Is your center a NC Pre-K site? Yes No

Are you a teacher in a NC Pre-K classroom? Yes No

How long have you worked in the field of early childhood?
 Less than 2 Years 6-10 Years
 2-5 Years 10+ Years

How many children are in your classroom or child care home? _____

How many hours per week do you work? _____

How many months per year do you work? _____

Beginning date of employment at current facility? (mm/dd/yyyy) _____

What is your current hourly salary? _____

Ethnicity

Are you of Hispanic, Latino or Spanish origin?

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

Do you consider yourself....?

- White
- Black, African Am. Or Negro
- American Indian or Alaska Native
- Asian Indian
- Japanese
- Native Hawaiian
- Chinese
- Korean
- Guamanian or Chamorro
- Filipino
- Vietnamese
- Samoan
- Other Asian:
- Other Pacific Islanders:
- Other race:

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

- Presentation
- Mailing
- CCR&R Agency
- College
- My Center Director
- T.E.A.C.H. Recipient
- Workshop
- Website
- Other (please specify):

Please check the box that best describes your educational history

- No high school diploma
- High school diploma/GED
- 1-year certificate
- Associate Degree
(Major: _____)
- Bachelor Degree
(Major: _____)
- Masters
(Major: _____)
- Doctorate

Have you already received your Early Educator’s Certificate? Yes No

If yes, when does your certificate expire? (mm/dd/yyyy) please provide a copy _____

Are you currently enrolled at a community college or university? Yes No

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

Which Community College would you like to attend? _____

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, owner or board chairperson.

The T.E.A.C.H. Early Childhood Early Educator Certification Scholarship 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 the following ways.

Pay 10% of the cost of tuition for courses totaling 6 credit hours at a local community college for the scholarship employee.

Provide three hours paid release time each week for my scholarship employee. Release time will be provided when the college is in session.

At the end of the contract upon completion of 6 credit hours issue a \$100 bonus.

Please Print name of chairperson/owner _____

Signature of 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

- 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

Center Star Rating: 1 2 3 4 5 GS110

Is your Center accredited: YES NO

If yes by whom? _____

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What are your professional goals in early childhood education? Describe how coursework will help you achieve these goals. Be sure to include your long term career goals. (please attach another sheet if you need more space)

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

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