

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

Please check one that best describes your educational goals

- Earn an Early Childhood or School-Age Credential
- Take a few early childhood courses to obtain or upgrade job-related skills
- Earn an Early Childhood, Infant/Toddler or School-Age Certificate
- Earn an Early Childhood Associate Degree
- Earn an Early Childhood Associate Degree and transfer to a four-year college/university to earn a Bachelor's Degree

Are you currently enrolled at a community college? 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 Associate 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 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 of 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 \$50 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
- State PreK
- State Subsidies: Contracts
- Early Head Start
- Title I
- State Subsidies: Vouchers
- State Head Start
- 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:

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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? _____

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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