



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 \$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

- | | | |
|---|-------------------------------------|---|
| <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:

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



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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