



T.E.A.C.H. Early Childhood[®] Project Quick Start/Final Step Early Childhood Associate Degree Scholarship Program Application

FOR PROCESSING PURPOSES, PLEASE PRINT CLEARLY.

Date: _____

1. Name: _____ **Social Security #:** _____

2. Address: _____ **County:** _____

3. City: _____ **State:** _____ **Zip:** _____

4. Telephone: Home (_____) _____ Work (_____) _____

5. Email Address: _____

6. Employment Status

- a. What is your job title? _____
- b. How many hours per week do you work? _____
- c. Beginning date of employment in current work place? ____/____/____
- d. What age groups do you teach? _____
- e. Number of children in your classroom or child care home? _____
- f. What is your current hourly salary? _____
- g. Is your center a More At Four site? ___Yes ___No
- h. Are you a teacher in a More At Four classroom? ___Yes ___No

7. Family Structure

- a. How many people live in your household? _____
- b. List everyone in your household and their relationship to you.

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____

8. Ethnicity: Do you consider yourself . . . ?

- White/European American
 Black/African American
 Hispanic/Latino/Latina
 Asian/Pacific Islander
 American Indian (tribe) _____
 Biracial
 Other _____

9. How did you find out about the T.E.A.C.H. Early Childhood[®] Project?

Presentation	Mailing	R&R Agency	College	Center	TEACH Recipient	Workshop	Online	Other (specify)

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

11. Educational Information

<u>High School</u>	<u>Dates Attended</u>	<u>Diploma</u> ___ Yes ___ No	<u>G.E.D.</u> ___ Yes ___ No
<u>College/ University</u>	<u>Dates Attended</u>	<u>Major</u>	<u>Degree or Cred. Hrs</u>

12. Which community college would you like to attend? Do not abbreviate.

When would you like to begin? (circle one): FALL SPRING SUMMER _____
Year

13. Are you currently enrolled in an Early Childhood Degree program at a community college in North Carolina? ___ Yes ___ No

14. If yes, which degree are you working on?

- Certificate
- Diploma
- Associate Degree

Describe how far you have progressed toward your degree.

15. What are your professional goals in early childhood education? Describe how a degree will help you achieve these goals. Be sure to include your long-term career goals.

16. Is there anything you would like us to consider when reviewing your application?





T.E.A.C.H. Early Childhood® Project
Scholarship Program
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 your employer indicating your hours and rate of pay or your most recent pay stub will verify earnings from a job. A statement from your ex-spouse or a court award letter can be used to verify child support.

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 reward letter.

G1. Source of financial aid #2:
Date applied: Application Status: Awarded Denied Pending
If awarded, please provide a copy of your reward letter.

- H. YOUR TOTAL INCOME \$
I. TOTAL FAMILY INCOME (your spouse included) \$

STATEMENT & SIGNATURE OF APPLICANT

I attest to the fact that the information that 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

PLEASE ATTACH A COPY OF YOUR MOST RECENT PAY STUB HERE

**T.E.A.C.H. Early Childhood® Project
Quick Start/Final Step Early Childhood Associate Degree Scholarship Program
Center Participation Agreement**

This agreement must be completed by the center director, owner or board chairperson.

The T.E.A.C.H. Early Childhood® Project Quick Start/Final Step Early Childhood Associate Degree Scholarship Program offered through Child Care Services Association requires the participation of each scholarship recipient's employing child care center.

In the event that _____ is awarded a scholarship, I understand that the center
(Applicant Name)
agrees to participate in the following ways.

1. Pay 10% of the cost of tuition for courses totaling 6 credit hours at a local community college for the scholarship employee.
2. Provide three hours of paid release time each week for my scholarship employee. Release time will be provided when the college is in session.
3. At the end of the contract upon completion of 6 credit hours issue a \$100 bonus.

(License #)

(Tax ID #)

(Center Name)

(Center Address)

(Email 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? _____

 (Please print name of chairperson/owner)

 (Signature of chairperson/owner)

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**

