

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 - please attach transcripts

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

Are you currently enrolled in the Early childhood degree Program? Yes No

If yes, which degree are you working on?

- Child Development
- Early Childhood Education
- Child Development with Birth-Kindergarten Teaching Certification
- Other (Please specify major) _____

How far have you progressed in your degree? (i.e. junior or senior) _____

How many credit hours have you completed? _____

How many credits do you have remaining to complete your degree? _____

What is your expected graduation date? (mm/dd/yyyy) _____

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

Return This Application along with essays, transcripts, and references 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
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Which participating university do you currently attend?

- | | |
|--|---|
| <input type="checkbox"/> Appalachian State University | <input type="checkbox"/> NC A & T State University |
| <input type="checkbox"/> Barton College | <input type="checkbox"/> NC Central University |
| <input type="checkbox"/> Campbell University | <input type="checkbox"/> Shaw University |
| <input type="checkbox"/> Catawba College | <input type="checkbox"/> UNC - Chapel Hill |
| <input type="checkbox"/> East Carolina University | <input type="checkbox"/> UNC - Charlotte |
| <input type="checkbox"/> Elizabeth City State University | <input type="checkbox"/> UNC – Greensboro |
| <input type="checkbox"/> Fayetteville State University | <input type="checkbox"/> UNC – Pembroke |
| <input type="checkbox"/> Greensboro College | <input type="checkbox"/> UNC – Wilmington |
| <input type="checkbox"/> Lenoir-Rhyne College | <input type="checkbox"/> Western Carolina University |
| <input type="checkbox"/> Meredith College | <input type="checkbox"/> Winston Salem State University |
| <input type="checkbox"/> Mt. Olive College | |

Have you applied for any other financial aid (such as Pell Grants, Smart Start Grants, work/study, or student loans)? YES NO

Source of financial aid #1 _____ Date of application _____
 Application Status: AWARDED DENIED PENDING
 Amount: \$ _____ Payment Frequency: per _____

Source of financial aid #2 _____ Date of application _____
 Application Status: AWARDED DENIED PENDING
 Amount: \$ _____ Payment Frequency: per _____

Participation Agreement

I am aware that if I receive this award, I will be expected to work in a licensed NC Pre-K (formerly More at Four) setting in North Carolina for six months for each semester of the award. If I am unable to complete this commitment, I will repay the full amount of the award, plus 10% interest.

 Signature of Applicant

 Date

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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

ESSAYS

You must answer all three of the following essay questions. The essays must be typewritten and no longer than two pages each.

1. Why do you want to be a T.E.A.C.H. Early Childhood® Scholar?
2. What personal experiences in your life shaped your desire to teach young children?
3. What contributions do you hope to make to young children and/or the field of early childhood education? What leadership role do you see for yourself in early childhood education in the next five to ten years?

Application Checklist – for office purposes only

- | | |
|--|---|
| <input type="checkbox"/> Application Completed | <input type="checkbox"/> Three Essays Completed |
| <input type="checkbox"/> Transcript(s) Enclosed | <input type="checkbox"/> Participation Agreement Signed |
| <input type="checkbox"/> Three Sealed references with one being from a Professor or Academic Advisor | |

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T.E.A.C.H. Early Childhood® Scholars Reference Form

Thank you for agreeing to serve as a reference for a T.E.A.C.H. Early Childhood® Scholars applicant. Below are a list of statements that we would like you to use to evaluate the applicant. Please circle the word that best describes how true the statement is for the applicant. Also feel free to tell us anything else you believe might be useful in our decision-making process. **Please seal your evaluation in the envelope provided, signing your name across the closure, and return it to the applicant who will send it to us along with his or her completed application.**

Name of TEACH Early Childhood Scholars applicant

Name, title and address of person completing this reference

Please check the appropriate box indicating your relationship to the applicant

- Professor
 Employer

- Co-worker
 Other (specify)

- | | Always | Usually | Sometimes | Never | Don't Know |
|--|--------|---------|-----------|-------|------------|
| 1. This applicant has an interest in working with young children. | | | | | |
| 2. This applicant is a successful student. | | | | | |
| 3. This applicant shows potential for teaching young children. | | | | | |
| 4. This applicant respects and values others of different races, cultures, religions and economic backgrounds. | | | | | |
| 5. This applicant is active in his or her community (i.e. extracurricular school activities, volunteering, etc.). | | | | | |
| 6. This applicant has demonstrated an interest in and commitment to early childhood education. | | | | | |
| 7. This applicant shows leadership potential. | | | | | |

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8. Please tell us what makes this applicant an ideal T.E.A.C.H. Early Childhood® Scholar. Describe the qualities that make this person an excellent candidate to teach preschool children and to lead our profession.

9. How long and in what context have you known the applicant?

10. Feel free to make additional comments in the space below.

Signature

Date

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 Other (specify)

- | | | | | | |
|--|--------|---------|-----------|-------|------------|
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| 2. This applicant is a successful student. | Always | Usually | Sometimes | Never | Don't Know |
| 3. This applicant shows potential for teaching young children. | Always | Usually | Sometimes | Never | Don't Know |
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Name, title and address of person completing this reference

Please check the appropriate box indicating your relationship to the applicant

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Professor | <input type="checkbox"/> Co-worker |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Other (specify) |

- | | | | | | |
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