



T.E.A.C.H. Early Childhood® North Carolina ECE Associate Degree Scholars Program Application



1. PERSONAL INFORMATION

Date _____ Social Security # _____

Name _____ Preferred Name _____

Address _____

City, State, Zip _____

County _____

Phone Number Home: () Cell: () Work: ()

Email _____

Date of Birth (mm/dd/yyyy) _____

Gender _____

Driver's License# _____

Ethnicity

Are you of Hispanic, Latino or Spanish origin?

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

Do you consider yourself....?

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

The above information is used for demographic purposes only.

Please check the box indicating what language(s) you speak fluently (please check all that apply)

- | | | |
|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Japanese | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Korean | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Lao | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Creole | <input type="checkbox"/> Persian | <input type="checkbox"/> Tribal: _____ |
| <input type="checkbox"/> English | <input type="checkbox"/> Polish | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> French | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Russian | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other: _____ |

How many people live in your household? _____ Of those, how many are:

Your parents? ____ Siblings? ____ Spouse or significant other? ____ Children? ____ Other? ____

- Have either of your parents or any of your brothers or sisters attended college? Yes No
Do either of your parents or any of your brothers or sisters have a college degree? Yes No

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

- Presentation College Instructor Coworker
 Mailing Employer CCSA Website

Relative not living with you

Name _____

Address _____

City, State, Zip _____

County _____

Phone Number Home: () Work: () _____

Relationship _____

2. EDUCATION INFORMATION

Please attach a copy of your transcript(s) and an acceptance letter from community college.

Are you CPR/First Aid Certified? Yes No

Please check the box indicating what credentials and specializations you currently hold

- CDA: Infant/Toddler
- CDA: Preschool
- CDA: Family Child Care Home
- CDA: Home Visitor
- Not applicable
- Specialization: Bi-Lingual (language: _____)
- North Carolina Issued Credential
- Post BA (state teaching license)

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 taken any college courses in the past two years? Yes No

Have you taken any ECE credits in the past two years? Yes how many? _____ No

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? Fall Spring Summer _____ (year)

What is your preferred language for learning? _____

What North Carolina community college would/do you attend? _____

(Do not abbreviate)

Are you currently enrolled in an Early Childhood Associate degree program? Yes No

Participation Agreement

I am aware that if I receive this award, I will be expected to work in a licensed childcare setting serving subsidies and/ or at-risk children 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 _____



Return This Application along with essays, transcripts, and references to:
 T.E.A.C.H. Early Childhood® North Carolina
 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



3. EMPLOYMENT HISTORY

Employment Experience - include paid and volunteer experience starting with most recent				
Name of employer/agency	From/To (mm/dd/yyyy)	Position held	Reason for leaving?	Duties (brief description)

4. EMPLOYMENT STATUS

Please attach a current paystub or income statement (if employed)

Program License or Registration Number _____
 Center Name _____
 Center Address (city, state, zip, county) _____
 Email Address _____
 Tax ID Number _____

What is your current job title?

- Teacher Administrator Non-Teaching Professional Staff
 Assistant Teacher Family Based Professional Non-Teaching Support Staff

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

- Infants (0-12 Months) Preschool (37 Months – PreK)
 Toddler (13-36 Months) 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 2-5 Years 6-10 Years 10+ Years

How many children are in your classroom or child care facility (if you don't work in 1 classroom)? _____

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? _____



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5. FINANCIAL AID

Have you applied for any other financial aid?

Yes

No

If yes, what financial aid source(s) have you applied for?

PELL Grant

Smart Start Grant

Scholarships

Student Loans

Financial Aid #1 _____

Date of application _____

Application status _____

Awarded

Denied

Pending

Financial Aid #2 _____

Date of application _____

Application status _____

Awarded

Denied

Pending

6. 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® Associate 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?

7. STATEMENT AND 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

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T.E.A.C.H. EARLY CHILDHOOD® ASSOCIATE SCHOLARS REFERENCE FORM

Thank you for agreeing to serve as a reference for a T.E.A.C.H. Early Childhood® Associate 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, 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 Associate Scholars applicant

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) |

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

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8. Please tell us what makes this applicant an ideal T.E.A.C.H. Early Childhood® Associate 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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