



T.E.A.C.H. Early Childhood® North Carolina Preschool Add-On License Scholarship 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 _____

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
- American Indian or Alaska Native Guamanian or Chamorro Other Pacific Islanders:
- Asian Indian Filipino
- Japanese Vietnamese Other race:
- 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

2. EDUCATION INFORMATION

Please include an admission letter from participating university, educational plan for license attainment, and proof of teaching license.

Are you CPR/First Aid Certified? Yes No

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

- | | |
|--|---|
| <input type="checkbox"/> CDA: Infant/Toddler | <input type="checkbox"/> Specialization: Bi-Lingual (language: _____) |
| <input type="checkbox"/> CDA: Preschool | <input type="checkbox"/> North Carolina Issued Credential |
| <input type="checkbox"/> CDA: Family Child Care Home | <input type="checkbox"/> Post BA (state teaching license) |
| <input type="checkbox"/> CDA: Home Visitor | <input type="checkbox"/> Not applicable |

Which license do you currently hold?

- Elementary Education Special Education Child Development

Please check the box that best describes your educational history

- | | |
|---|--|
| <input type="checkbox"/> No high school diploma | <input type="checkbox"/> Bachelor Degree
(Major: _____) |
| <input type="checkbox"/> High school diploma/GED | <input type="checkbox"/> Masters
(Major: _____) |
| <input type="checkbox"/> 1-year certificate | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> Associate Degree
(Major: _____) | |

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

Are you currently working toward a Preschool Add-On License

- Yes

If yes, how many credits do you need in order to attain the license?

What is your preferred language for learning?

When would you like your scholarship to begin?

- Fall Spring Summer (year) _____

Which of the participating universities would/do you attend?

- | | |
|--|--|
| <input type="checkbox"/> Appalachian State | <input type="checkbox"/> University of North Carolina at Chapel Hill |
| <input type="checkbox"/> East Carolina University | <input type="checkbox"/> University of North Carolina at Pembroke |
| <input type="checkbox"/> North Carolina A & T University | <input type="checkbox"/> University of North Carolina at Wilmington |

3. EMPLOYMENT STATUS

What is your current job title?

- | | | |
|--|--|--|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Administrator | <input type="checkbox"/> Non-Teaching Professional Staff |
| <input type="checkbox"/> Assistant Teacher | <input type="checkbox"/> Family Based Professional | <input type="checkbox"/> Non-Teaching Support Staff |

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

- | | |
|---|---|
| <input type="checkbox"/> Infants (0-12 Months) | <input type="checkbox"/> Preschool (37 Months – PreK) |
| <input type="checkbox"/> Toddler (13-36 Months) | <input type="checkbox"/> 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?



Return This Application with Verification of Income 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



4. STATEMENT OF INCOME

Please attach a copy of your most recent pay stub here

Employer #1 _____ Hours/week _____ \$ _____ per _____

Employer #2 _____ Hours/week _____ \$ _____ per _____

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

YOUR TOTAL INCOME \$ _____

YOUR TOTAL FAMILY INCOME (your spouse included) \$ _____

5. CENTER PARTICIPATION AGREEMENT

This agreement must be completed by the center director for teachers, and the center owner or board chairperson for directors.

The T.E.A.C.H. Early Childhood Preschool Add-On Scholarship 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 one of the following ways. (Please check one to indicate which applicable option you prefer)

_____ **My T.E.A.C.H. Early Childhood® candidate needs up to 6 credit hours to complete her/his license.**
 Contribute \$100 toward tuition and books for courses up to 6 credit hours, or...
 Provide a \$100 Attainment bonus upon the completion of courses up to 6 credit hours

_____ **My T.E.A.C.H. Early Childhood® candidate needs 7-12 credit hours to complete her/his license.**
 Contribute \$200 towards tuition and books for courses totaling 7-12 credit hours, or...
 Provide a \$200 Attainment bonus upon the completion of courses totaling 7-12 credit hours.

_____ **My T.E.A.C.H. Early Childhood® candidate needs 13-18 credit hours to complete her/his license.**
 Contribute \$300 towards tuition and books for courses totaling 13-18 credit hours, or...
 Provide a \$300 Attainment bonus upon the completion of courses totaling 13-18 credit hours

_____ **My T.E.A.C.H. Early Childhood® candidate needs 19-25 credit hours to complete her/his license.**
 Contribute \$400 towards tuition and books for courses totaling 19-25 credit hours, or...
 Provide a \$400 Attainment bonus upon the completion of courses totaling 19-25 credit hours

Please print name of director or chairperson/owner _____

Signature of director or chairperson/owner _____

Program License or Registration Number _____

Center Name _____

Center Address (city, state, zip, county) _____

Email Address _____

Tax ID Number _____



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Please check all forms of funding your facility receives

- Head Start
- Early Head Start
- State Head Start
- State PreK
- Title I
- IDEA
- State Subsidies: Contracts
- State Subsidies: Vouchers
- N/A

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:

FOR ALL PROGRAMS

Number of children served

Center Auspice:

Center Star Rating:

Is your Center accredited:

If yes by whom?

- Profit
- 1
- 2
- 3
- 4
- 5
- GS110
- Nonprofit
- Head Start
- No

6. 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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