



# T.E.A.C.H. Early Childhood® North Carolina Bachelor's Practicum Only 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  Other race:
- 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?

- |                                       |                                             |                                       |
|---------------------------------------|---------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Presentation | <input type="checkbox"/> College Instructor | <input type="checkbox"/> Coworker     |
| <input type="checkbox"/> Mailing      | <input type="checkbox"/> Employer           | <input type="checkbox"/> CCSA Website |

## 2. EDUCATION INFORMATION

Please include an admission letter from participating university as well as a transcript from a four year college/university or a transcript evaluation showing at least 55 hours of transferrable credit.

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                               |

Please check the box that best describes your educational history

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

Please check the box that best describes your educational goals

- Earn a Bachelor's Degree in Early Childhood  
 Earn a Birth-Kindergarten License  
 Earn a Preschool Add-On License

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 enrolled in an Early Childhood Degree program at a university in North Carolina?  Yes  No

If yes, which degree are you working on?

- |                                                    |                                                                    |
|----------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Child Development         | <input type="checkbox"/> Birth-Kindergarten Teaching Certification |
| <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Other (Please Specify Major)              |

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"/> North Carolina A & T University            |
| <input type="checkbox"/> Barton College                  | <input type="checkbox"/> North Carolina Central University          |
| <input type="checkbox"/> Catawba College                 | <input type="checkbox"/> University of North Carolina at Charlotte  |
| <input type="checkbox"/> East Carolina University        | <input type="checkbox"/> University of North Carolina at Greensboro |
| <input type="checkbox"/> Elizabeth City State University | <input type="checkbox"/> University of North Carolina at Pembroke   |
| <input type="checkbox"/> Fayetteville State University   | <input type="checkbox"/> University of North Carolina at Wilmington |
| <input type="checkbox"/> Gardner-Webb University         | <input type="checkbox"/> Western Carolina University                |
| <input type="checkbox"/> Greensboro College              | <input type="checkbox"/> Winston Salem State University             |

### Participation Agreement

I am aware that during the course of my contract I am required to remain employed with my sponsoring child care program for a minimum of 10 hours per week while performing the student teaching requirement. I am also willing to continue to work at my sponsoring center for six months, and in the early childhood field for an additional year.

\_\_\_\_\_  
 (signature of applicant)



**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](http://www.childcareservices.org)



**3. EMPLOYMENT STATUS**

What is your current job title?

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

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

- Infants (0-12 Months)
- Toddler (13-36 Months)
- Preschool (37 Months – PreK)
- 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? \_\_\_\_\_

**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. 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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**6. 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 Bachelor's Practicum Only 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 the following ways.

Complete and return claim forms for reimbursement of substitute care during the practicum semester by the 10<sup>th</sup> of each month, or by the end of the semester.

Notify CCSA within 10 days of any changes in the scholarship recipient's employment status.

Provide CCSA with demographic information about the center to satisfy reporting requirements to granting agencies.

Submit all term claims within 30 days after the close of each semester.

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 \_\_\_\_\_

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:  Profit  Nonprofit  Head Start

Center Star Rating:  1  2  3  4  5  GS110

Is your Center accredited:  Yes  No

If yes by whom? \_\_\_\_\_



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## 7. RECIPIENT PERSONAL RESPONSIBILITIES AGREEMENT

This is an agreement between T.E.A.C.H. Early Childhood® North Carolina and the scholarship applicant (applicant name) \_\_\_\_\_. Please read carefully and then sign this agreement, initialing next to each line item. As a part of your application, this agreement **must** be signed and submitted along with any other required documents before your application can be considered complete.

### **Congratulations on taking the next step toward a greater education!**

You should be very proud of yourself for investing in your own future and increasing your education. This scholarship represents an amazing opportunity – a debt free college education! This benefit to you comes with various responsibilities.

As a T.E.A.C.H. Early Childhood® Scholarship Recipient, I will:

- \_\_\_\_\_ Attend class, study, work hard and be a responsible student. This is a great opportunity that should be taken seriously.
- \_\_\_\_\_ Regularly communicate with my scholarship counselor. My counselor is available to help guide me through the process of attending college as well as balancing my college, work and family responsibilities. He/She is just a phone call or email away and can answer many questions.
- \_\_\_\_\_ Submit reimbursement forms in a timely manner. Preauthorization forms must be submitted in time for scholarship counselors to forward to the appropriate school. Form B's must be submitted for reimbursement of tuition, books and travel claims. If my model includes paid release time, I will sign the Form C's, be sure my director (if applicable) signs the Form C and help get it submitted for reimbursement for release time.
- \_\_\_\_\_ Contact my scholarship counselor regarding any changes to my employment or college status, or if I am having difficulty in meeting my course/college requirements or scholarship contract.
- \_\_\_\_\_ Submit my grades within 30 days of the close of the semester. Keeping my scholarship record up-to-date is critical to ensuring that I can continue my education without unnecessary delays.
- \_\_\_\_\_ Pay my bills from T.E.A.C.H. and/or my college in a timely manner. It is my responsibility to ensure that I am meeting all of my obligations.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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