



T.E.A.C.H. Early Childhood® North Carolina CDA Certificate Renewal 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....?

- | | | |
|---|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Asian: |
| <input type="checkbox"/> Black, African Am. Or Negro | <input type="checkbox"/> Korean | |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other Pacific Islanders: |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino | |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other race: |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> 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 |

This application **must** be submitted with **all** applicable items listed in the mandatory paperwork section of this application.

2. EDUCATION INFORMATION

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
(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: _____) | |

When do you intend to apply for your credential renewal? (mm/dd/yyyy)

Which assessment will you renew?

- Center-based infant/toddler program (children up to 36 months)
 Center-based preschool program (children 3-5 years)
 Family child care program (small or large child care home)
 Home visitor program
 Bilingual Specialization

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

What is your preferred language for learning? _____

Are you currently enrolled at a North Carolina community college? Yes No

When would you like your scholarship to begin? Fall Spring Summer (year) _____

Which community college would you like to attend? (Do not abbreviate) _____

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 mandatory paperwork 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. CENTER OWNER/FAMILY CHILD CARE PROVIDER MONTHLY INCOME WORKSHEET

Instructions: This sheet will help you determine your monthly earnings from your day care center/family child care home. For each question, use the amount you made or spent last month. Special instructions are in italics.

Remember, you MUST include income verification such as copies of receipts for each of the children you take care of or a statement detailing your weekly rate and number of children you care for.

1. What is the total amount paid to you by parents each week?
2. Total monthly parent fees - weekly fees x 4.33 (weeks per month)
3. How much was your Child & Adult Care Food Program Reimbursement?
4. How much did you receive from the Dept. of Social Services or other agencies for child care subsidy for children in your care?
5. **Total monthly revenue (add lines 2, 3, and 4)**

How much did you spend for children in your child care home last month on:

6. Food
7. Toys
8. Assistant/Substitute Care
9. Crafts/Supplies
10. Transportation (\$0.25/mile)
11. Training Fees
12. Gifts for Children/Families
13. Other (specify)
14. **Total monthly expenses (add lines 6-13)**

Revenue (line 5)	-	Expenses (line 14)	=	Monthly Earnings
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5. 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) \$ _____



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6. CENTER PARTICIPATION AGREEMENT

This agreement must be completed by the family home provider, center director for teachers, or the center owner or board chairperson for directors. *(Please check one model to indicate which option you prefer)*

The T.E.A.C.H. Early Childhood CDA Renewal scholarship offered through Child Care Services Association is a collaboration between T.E.A.C.H, the participant, and the sponsoring 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.

_____ **Teachers and Directors – Model 1**

Participant Agrees to

Pay 15% of the renewal fee (\$22.50 for paper submissions or \$18.75 for online submissions) upon scholarship approval
Submit original renewal application to CCSA (found in CDA Renewal Procedures Guide) **or** Cover Letter supplied by the Council for online applicants

Submit **all** information listed in the Mandatory Paperwork section of this application

Commit to remaining in sponsoring center for 3 months after receiving the CDA Renewal Credential

Notify CCSA upon attainment of the CDA Credential

Center Agrees to

Verify training and employment of applicant to the Council for Professional Recognition

_____ **Teachers and Directors – Model 2**

Participant Agrees to

Submit original renewal application to CCSA (found in CDA Renewal Procedures Guide) **or** Cover Letter supplied by the Council for online applicants

Submit **all** information listed in the Mandatory Paperwork section of this application

Commit to remaining in sponsoring center for 6 months after receiving the CDA Renewal Credential

Notify CCSA upon attainment of the CDA Credential

Center Agrees to

Pay 15% of the renewal fee (\$22.50 for paper submissions or \$18.75 for online submissions) upon scholarship approval

Verify training and employment of applicant to the Council for Professional Recognition

_____ **Teachers and Directors – Model 3**

Participant Agrees to

Pay 7.5% of the renewal fee (\$11.25 for paper submissions or \$9.38 for online submissions) upon scholarship approval
Submit original renewal application to CCSA (found in CDA Renewal Procedures Guide) **or** Cover Letter supplied by the Council for online applicants

Submit **all** information listed in the Mandatory Paperwork section of this application

Commit to remaining in sponsoring center for 3 months after receiving the CDA Credential

Notify CCSA upon attainment of the CDA Credential

Center Agrees to

Pay 7.5% of the renewal fee (\$11.25 for paper submissions or \$9.38 for online submissions) upon scholarship approval

Verify training and employment of applicant to the Council for Professional Recognition

_____ **Family Home Providers**

Participant Agrees to

Pay 15% of the renewal fee (\$22.50 for paper submissions or \$18.75 for online submissions) upon scholarship approval
Submit original renewal application to CCSA (found in CDA Renewal Procedures Guide) **or** Cover Letter supplied by the Council for online applicants

Submit **all** information listed in the Mandatory Paperwork section of this application

Commit to continuing operation of family child care home for 6 months after receiving the CDA Credential

Notify CCSA upon attainment of the CDA Credential

Please print name of director, chairperson/owner, or home provider _____

Signature of director, chairperson/owner, or home provider _____



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7. FACILITY INFORMATION

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

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Head Start | <input type="checkbox"/> State PreK | <input type="checkbox"/> State Subsidies: Contracts |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> Title I | <input type="checkbox"/> State Subsidies: Vouchers |
| <input type="checkbox"/> State Head Start | <input type="checkbox"/> IDEA | <input type="checkbox"/> 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? _____

8. 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. The benefit of this scholarship to you comes with various responsibilities.

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

- _____ Pay my portion (if applicable) of the renewal fee to T.E.A.C.H, which is critical to ensuring that a charge approval will be submitted to the Council for Professional Recognition without unnecessary delays.
- _____ Provide documented proof of the required elements for renewal. It is my responsibility to ensure that I meet all of my obligations.
- _____ Continue working at sponsoring center or operating family child care home at least 20 hours per week for the duration of contract.
- _____ Submit a copy of my renewal certificate in a timely manner.
- _____ Contact my scholarship counselor regarding any changes to my employment. He/She is just a phone call or email away and can answer many questions.

Signature of Applicant

Date



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9. 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® North Carolina Scholarship Program for the monetary support that was received in error.

Signature of Applicant

Date

10. MANDATORY PAPERWORK

All applicants must submit the following:

- Verification of income
- Completed original CDA Renewal application found in the CDA Renewal Procedures Guide
- Copies of **all** training/workshop certificates and college transcripts
- ECE Reviewer Recommendation and proof of membership in an ECE professional organization

If not submitted with application, recipient and/or facility portions of the assessment fee are due upon scholarship approval. Acceptable forms of payment include check, money order, and credit cards. T.E.A.C.H. will **not** approve payment to the Council without first receiving this fee. Additional questions and concerns can be addressed to the T.E.A.C.H. CDA counselor at 919-967-3272.

The CDA Renewal Procedures Guide is available online on the Council for Professional Recognition's website at www.cdacouncil.org



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