



T.E.A.C.H. Early Childhood® Early Care and Education Community Specialist 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 _____

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

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

Please check the box that best describes your educational goals

Earn an Associate's Degree in Early Childhood Education

Earn a Bachelor's Degree in Early Childhood Education

Take coursework towards a Graduate Degree focusing on Early Care and Education

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

Which degree are you working on? _____

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) _____

Have you obtained NC Early Educator Certification?

(If yes, please attach a copy of your certificate.)

Yes

No

What is your preferred language for learning? _____

When would you like your scholarship to begin?

Fall

Spring

Summer (year) _____

Are you currently enrolled in an Early Childhood Associate Degree program or a child development undergraduate program?

Yes

No



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



Which North Carolina Community College do/would you attend?
 (Do not abbreviate) _____

Which participating university do/would you attend?

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

3. EMPLOYMENT STATUS

What is your current job title? (please attach formal job description)

- | | |
|--|--|
| <input type="checkbox"/> Head Start Home Visitor (please select program) | <input type="checkbox"/> Professional Development Specialist |
| <input type="checkbox"/> Early Head Start Home Visitor | <input type="checkbox"/> Community College Early Childhood Instructor |
| <input type="checkbox"/> Parents as Teachers | <input type="checkbox"/> Other EC Support Staff (please specify) _____ |
| <input type="checkbox"/> Nutritionist | |
| <input type="checkbox"/> Technical Assistant Specialist | <input type="checkbox"/> Early Intervention Specialist |
| <input type="checkbox"/> Nurse Educators | <input type="checkbox"/> DCDEE Regulatory Staff |

How long have you worked in the field of early care and education?

- Less than 2 Years 2-5 Years 6-10 Years 10+ Years

Beginning date of employment at current agency? (mm/dd/yyyy) _____

Agency Name _____
 Agency Address (city, state, zip, county) _____
 Tax ID Number _____

4. STATEMENT OF INCOME

Please attach a copy of your most recent pay stub here or W2 for previous tax year

Employer #1 _____ Hours/week _____ \$ _____ per _____
Employer #2 _____ Hours/week _____ \$ _____ per _____

Have you applied for any other financial aid?

- If yes, what financial aid source(s) have you applied for?
- | | | | |
|-------------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> PELL Grant | <input type="checkbox"/> Smart Start Grant | <input type="checkbox"/> Scholarships | <input type="checkbox"/> 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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5. AGENCY PARTICIPATION

This agreement must be completed by the applicants' supervisor, executive director or president.

The T.E.A.C.H. Early Childhood® Early Care and Education Community Specialist Scholarship is offered through Child Care Services Association. It requires the participation of each scholarship recipient's employing agency. In the event that (Applicant Name) _____ is awarded a scholarship, I understand that (Agency Name) _____ agrees to participate in the following ways.

- Provide a written plan on how paid release time (not reimbursable) will be administered to the recipient during work hours if needed.
- Provide a statement of understanding that salary/wages will not be reduced as a result of participating on scholarship.

Please print name of agency representative _____

Signature of agency representative _____

6. ESSAYS

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

1. Why do you want to receive a T.E.A.C.H. Early Childhood® Early Care and Education Community Specialist Scholarship?
2. What personal experiences in your life shaped your desire to work on behalf of young children or within the early care and education system?
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

8. APPLICATION CHECKLIST

- | | |
|--|---|
| <input type="checkbox"/> Verification of Income
<input type="checkbox"/> Acceptance Letter from Community College
<input type="checkbox"/> Acceptance Letter from University if Bachelor or Graduate
<input type="checkbox"/> Transcript/Transcript Evaluation if Bachelor*
<input type="checkbox"/> Copy of Undergrad Transcript if graduate
<input type="checkbox"/> Early Educator Certificate**
<input type="checkbox"/> Education plan detailing graduate level coursework
<p>* Bachelor must have at least 55 hours</p> | <input type="checkbox"/> Statement of understanding that salary/wages will not be reduced
<input type="checkbox"/> Three Essays Completed
<input type="checkbox"/> Participation Agreement Signed
<input type="checkbox"/> Three Professional References (employer and two others)
<input type="checkbox"/> Formal Job Description
<p>** must apply for EEC within 6 months of scholarship award</p> |
|--|---|



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**T.E.A.C.H. EARLY CHILDHOOD®EARLY CARE AND EDUCATION
COMMUNITY SPECIALIST REFERENCE FORM**

Thank you for agreeing to serve as a reference for this T.E.A.C.H. Early Childhood® Early Care and Education Community Specialist Scholarship Applicant. Below is 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.

Name of T.E.A.C.H. Early Childhood® Early Care and Education Community Specialist Scholarship Applicant:

Name, title and address of person completing this reference

Please check the appropriate box indicating your relationship to the applicant

Teacher/Professor

Co-worker

Employer

Other (specify)

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



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7. Please tell us what makes this applicant an ideal T.E.A.C.H. Early Childhood® Early Care and Education Community Specialist.

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

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

Signature

Date



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Employer

Other (specify)

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- | | | | | | |
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