



T.E.A.C.H. Early Childhood® North Carolina Birth-Kindergarten Licensure 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
- 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, and proof of a completed bachelor's degree.

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"/> CDA: Preschool
<input type="checkbox"/> CDA: Family Child Care Home
<input type="checkbox"/> CDA: Home Visitor | <input type="checkbox"/> Specialization: Bi-Lingual (language: _____)
<input type="checkbox"/> North Carolina Issued Credential
<input type="checkbox"/> Post BA (state teaching license)
<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"/> High school diploma/GED
<input type="checkbox"/> 1-year certificate
<input type="checkbox"/> Associate Degree
(Major: _____) | <input type="checkbox"/> Bachelor Degree
(Major: _____)
<input type="checkbox"/> Masters
(Major: _____)
<input type="checkbox"/> 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

What is your preferred language for learning? _____

Are you currently enrolled in an early childhood program at a University in North Carolina

Yes No

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

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

- | | | | |
|--|------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Less than 2 Years | <input type="checkbox"/> 2-5 Years | <input type="checkbox"/> 6-10 Years | <input type="checkbox"/> 10+ Years |
|--|------------------------------------|-------------------------------------|------------------------------------|

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



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. 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 Birth-Kindergarten Licensure Practicum Only Scholarship 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 10th 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 _____



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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
- Nonprofit
- Head Start
- 1 2 3 4 5 GS110
- Yes 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® Scholarship Program North Carolina for the monetary support that was received in error.

Signature of Applicant

Date

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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