



Kinder Care Learning Corporation® Early Childhood Associate Degree Scholarship Application
For Teachers, Assistant Teachers, and Directors

1. PERSONAL INFORMATION

Please Print

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 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



Fiscal Year 17 – 18 © 09/17



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: _____) | |

Please check the box that best describes your educational goals

- Earn an Early Childhood or School-Age Credential
- Take a few early childhood courses to obtain or upgrade job-related skills
- Earn an Early Childhood, Infant/Toddler or School-Age Certificate
- Earn an Early Childhood Associate Degree
- Earn an Early Childhood Associate Degree and transfer to a four-year college/university to earn a Bachelor's Degree

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? _____

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?

- | | | | |
|--|------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Less than 2 Years | <input type="checkbox"/> 2-5 Years | <input type="checkbox"/> 6-10 Years | <input type="checkbox"/> 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 Income and Program documents 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. 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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6. RECIPIENT AND KINDER CARE LEARNING CORPORATION® PARTICIPATION AGREEMENT

Please include a copy of the Program License

Scholarship Recipient agrees to the following:

- Pay 10% of the cost of tuition, after all other financial aid award(s) have been applied, for approved courses enrolled in during the contract year.
- Pay 10% of book costs.
- Commit to employment at Knowledge Universe for one additional year upon successful completion of the 9-15 semester hours.

Kinder Care Learning Corporation® agrees to the following:

For Teachers

- Pay 20% of the cost of tuition and books for each approved course the scholarship employee is enrolled in, up to a maximum of 15 semester hours during the contract period.
- Provide paid release time to the scholarship employee that is equivalent to the number of semester hours of the course(s) being taken, with a maximum of three hours of release time per week each week that classes are in session.
- At the end of the education contract year, provide a \$350 bonus to the scholarship employee in no more than two equal payments.

For Directors

- Pay 20% of the cost of tuition and books for each approved course the scholarship employee is enrolled in, up to a maximum of 15 semester hours during the contract period.
- At the end of the education contract year, provide a \$350 bonus to the scholarship employee in no more than two equal payments.

Please print name of director or chairperson/owner _____

Signature of director or chairperson/owner _____ (mm/dd/yyyy)

Recipient Signature _____ (mm/dd/yyyy)

Program License or Registration Number _____

Center Name _____

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

Email Address _____

Website Address (if applicable) _____

Contact Numbers _____ (phone) _____ (fax)

Program License Expiration Date _____ (mm/dd/yyyy)

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: _____



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FOR ALL PROGRAMS

Number of children served

Center Auspice:

Center Star Rating:

Is your Center accredited:

If yes by whom?

<input type="checkbox"/> Profit	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Head Start
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> GS110
<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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

Signature of Applicant

Date



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