



**Kinder Care Learning Corporation® Early Childhood Bachelor's 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....?

- |   |  |   |
|---|--|---|
| <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 |



Fiscal Year 17 - 18 © 09/17



## 2. EDUCATION INFORMATION

Please include an admission letter from participating college/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

What is your preferred language for learning? \_\_\_\_\_

Are you currently enrolled at a four year college or university?     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"/> 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             |

Have you been through the admissions process at the school marked above?     Yes                       No

## 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                   |



**Return This Application with Income, Education, 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



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

\_\_\_\_\_  
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. 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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