



# T.E.A.C.H. Early Childhood® North Carolina Master's Degree - Emphasis in Early Childhood Leadership and Management 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?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> No                                      | <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Other Hispanic, Latino or Spanish |
| <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano | <input type="checkbox"/> 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 |

**If you are employed in an NC licensed early care facility go to Section 2.**

**If you are employed in an early care focused organization go to Section 3.**

## 2. EMPLOYMENT INFORMATION FOR NC LICENSED EARLY CARE FACILITY EMPLOYEES

Please include verification of employment

What is your current job title?

- Teacher                                       Administrator                                       Non-Teaching Professional Staff  
 Assistant Teacher                                       Family Based Professional                                       Non-Teaching Support Staff

What age groups do you teach? (please check all that apply)

- Infants (0-12 Months)                                       Preschool (37 Months – PreK)  
 Toddler (13-36 Months)                                       School Age

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) \_\_\_\_\_

## 3. EMPLOYMENT INFORMATION FOR EARLY CARE FOCUSED ORGANIZATION EMPLOYEES

Please include verification of employment

What is your current job title? \_\_\_\_\_

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 hours per week do you work? \_\_\_\_\_

Beginning date of employment at current facility? (mm/dd/yyyy) \_\_\_\_\_

## 4. EDUCATION INFORMATION

Please include an admission letter from UNC-Greensboro or UNC-Wilmington and a transcript verifying BA degree/ECE coursework

Are you CPR/First Aid Certified?                                       Yes                                       No

Please check the box indicating what credentials and specializations you currently hold

- CDA: Infant/Toddler                                       Specialization: Bi-Lingual (language: \_\_\_\_\_)  
 CDA: Preschool                                       North Carolina Issued Credential  
 CDA: Family Child Care Home                                       Post BA (state teaching license)  
 CDA: Home Visitor                                       Not applicable

Please check the box that best describes your educational history

- Bachelors degree in ECE                                       Bachelor degree in Human Development and Family Studies  
 Non-ECE Bachelor degree with 12 credits of ECE coursework                                       Some coursework towards a Master's degree in Child Development  
 (Major: \_\_\_\_\_)                                       Masters (Major: \_\_\_\_\_)

Please check the box that best describes your educational goals

- Earn a Master's Degree in Early Childhood Leadership and Management  
 Complete coursework related to a Master's Degree in Early Childhood Leadership and Management

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](http://www.childcareservices.org)



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  
 Are you currently enrolled in an Early Childhood Degree program at a university in North Carolina?  Yes  No  
 If yes, which degree are you working on? \_\_\_\_\_

What is your preferred language for learning? \_\_\_\_\_  
 When would you like your scholarship to begin?  Fall  Spring  Summer \_\_\_\_\_ (year)  
 Which participating university do you currently attend?  
 UNC - Greensboro  UNC - Wilmington

**5. EMPLOYER PARTICIPATION AGREEMENT**

(N/A for Applicants Who Are Family Child Care Owners)

The T.E.A.C.H. Early Childhood @ On-Line Master's Degree Scholarship Program offered through Child Care Services Association requires the participation of each scholarship recipient's employing agency. In the event that (*Applicant Name*) \_\_\_\_\_ is awarded a scholarship, I understand that (*Agency/ Facility Name*) \_\_\_\_\_ agrees to participate in the following way.

\_\_\_\_\_ **Sponsoring Agency/Facility**  
 Provide a flexible work schedule for each semester that the recipient is on scholarship  
 Participate in any evaluation surveys while recipient is on scholarship

**To be completed by All Facilities and/or Organizations (including family child care facilities)**

Please print name of authorized representative for agency/facility \_\_\_\_\_  
 Signature of authorized representative for agency/facility \_\_\_\_\_  
 Program License or Registration Number (if applicable) \_\_\_\_\_  
 Agency/Facility Name \_\_\_\_\_  
 Agency/Facility 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? \_\_\_\_\_

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## 6. 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

## 7. PARTICIPATION AGREEMENT FOR ALL APPLICANTS

I am aware that I am required to pay 100% of the cost of books for courses leading to a Master's of Education Degree. T.E.A.C.H. Early Childhood® North Carolina will provide 100% of in-state tuition and provide a \$250.00 (9-12 credit hours) or a \$500.00 bonus (13-18 credit hours) at the completion of a contract. I am also willing to continue my work in the early care and education field for one year with six months of the year being at the sponsoring employer, after completing each contract.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## 8. ESSAYS FOR ALL APPLICANTS

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

1. Please describe and document your previous early care and education experience. *Please provide specific examples.*
2. Please describe your early care and education leadership goals.
3. How will a Master's Degree in Leadership and Management help you achieve your goals in the field of early care and education?



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## T.E.A.C.H. EARLY CHILDHOOD® MASTER'S DEGREE SCHOLARSHIP REFERENCE FORM

Thank you for agreeing to provide a reference for a T.E.A.C.H. Early Childhood® Master's Scholarship applicant. Below are 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. **Please return your evaluation to the applicant in a sealed envelope who will send it to us along with his or her completed application.**

Name of T.E.A.C.H. Early Childhood® Master's Scholarship applicant

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Name, title and address of person completing this reference

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Please indicate your relationship to the applicant

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<b>1. This applicant has demonstrated ECE or management skills.</b>	Always	Usually	Sometimes	Never	Don't Know
<b>2. This applicant respects and values others of different races, cultures, religions and economic backgrounds.</b>	Always	Usually	Sometimes	Never	Don't Know
<b>3. This applicant is active in the ECE community.</b>	Always	Usually	Sometimes	Never	Don't Know
<b>4. This applicant has demonstrated an interest in and commitment to the early care and education field.</b>	Always	Usually	Sometimes	Never	Don't Know
<b>5. This applicant shows future leadership and/or management potential.</b>	Always	Usually	Sometimes	Never	Don't Know



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6. Please tell us what makes this applicant an ideal candidate for the T.E.A.C.H. Early Childhood® Master's Degree Scholarship Program.

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

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

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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\_\_\_\_\_  
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Name of T.E.A.C.H. Early Childhood® Master's Scholarship applicant

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Name, title and address of person completing this reference

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Please indicate your relationship to the applicant

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\_\_\_\_\_  
Signature

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