



# T.E.A.C.H. Early Childhood® North Carolina Preschool Add-On License 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  Other race:
- 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

**2. EDUCATION INFORMATION**

Please include an admission letter from participating university, educational plan for license attainment, and proof of teaching license.

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                               |

Which license do you currently hold?

- Elementary Education  Special Education  Child Development

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: _____) |  |

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 working toward a Preschool Add-On License

- Yes

If yes, how many credits do you need in order to attain the license? \_\_\_\_\_

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

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"/> University of North Carolina at Chapel Hill |
| <input type="checkbox"/> East Carolina University        | <input type="checkbox"/> University of North Carolina at Pembroke    |
| <input type="checkbox"/> North Carolina A & T University | <input type="checkbox"/> University of North Carolina at Wilmington  |

**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?

- 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? \_\_\_\_\_



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



**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 Preschool Add-On Scholarship Program 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 one of the following ways. (Please check one to indicate which applicable option you prefer)

\_\_\_\_\_ **My T.E.A.C.H. Early Childhood® candidate needs up to 6 credit hours to complete her/his license.**  
 Contribute \$100 toward tuition and books for courses up to 6 credit hours, or...  
 Provide a \$100 Attainment bonus upon the completion of courses up to 6 credit hours

\_\_\_\_\_ **My T.E.A.C.H. Early Childhood® candidate needs 7-12 credit hours to complete her/his license.**  
 Contribute \$200 towards tuition and books for courses totaling 7-12 credit hours, or...  
 Provide a \$200 Attainment bonus upon the completion of courses totaling 7-12 credit hours.

\_\_\_\_\_ **My T.E.A.C.H. Early Childhood® candidate needs 13-18 credit hours to complete her/his license.**  
 Contribute \$300 towards tuition and books for courses totaling 13-18 credit hours, or...  
 Provide a \$300 Attainment bonus upon the completion of courses totaling 13-18 credit hours

\_\_\_\_\_ **My T.E.A.C.H. Early Childhood® candidate needs 19-25 credit hours to complete her/his license.**  
 Contribute \$400 towards tuition and books for courses totaling 19-25 credit hours, or...  
 Provide a \$400 Attainment bonus upon the completion of courses totaling 19-25 credit hours

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

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

**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



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