



# 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
- 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, 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

- 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
- 1
- 2
- 3
- 4
- 5
- GS110
- Nonprofit
- No
- Head Start

**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

**4. 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.
- \_\_\_\_\_ Preauthorization forms must be submitted in time for scholarship counselors to forward to the appropriate school.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ It is my responsibility to ensure that I am meeting all of my obligations.

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

\_\_\_\_\_  
Date



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