



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 or African American | <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



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 Based Professionals)

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

Name, title and address of person completing this reference

Please indicate your relationship to the applicant

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

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

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

Signature

Date



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