



**T.E.A.C.H. Early Childhood® North Carolina  
Early Childhood Administration Credential Scholarship Program  
Application for Child Care Center Directors/Owners**



**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 |

**2. EDUCATION INFORMATION**

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: _____) |  |

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

How many credit hours of early childhood coursework must you take to be eligible for the Administration Credential? \_\_\_\_\_

What early childhood courses and administration courses have you taken? (Attach additional page if needed)

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Which Administration courses must you take to be eligible for the Administration Credential?

- |   |  |
|---|--|
| <input type="checkbox"/> Early Childhood Administration I<br>(EDU 261 – 2 credit hours) | <input type="checkbox"/> Early Childhood Administration II<br>(EDU 262 – 3 credit hours) |
|---|--|

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

Are you currently enrolled at a North Carolina community college?  Yes  No  
 When would you like your scholarship to begin?  Fall  Spring  Summer (year) \_\_\_\_\_

Which community college would you like to attend? (Do not abbreviate) \_\_\_\_\_

**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?

- |  |                                    |                                     |                                    |
|--|------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Less than 2 Years | <input type="checkbox"/> 2-5 Years | <input type="checkbox"/> 6-10 Years | <input type="checkbox"/> 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. 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

**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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**7. CENTER PARTICIPATION AGREEMENT**

This agreement must be completed by the center owner or board chairperson.

The T.E.A.C.H. Early Childhood® Administration Credential Scholarship 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)

\_\_\_\_\_ **Director** is employee of center. *Model One – Option 1*  
Pay 5% of the cost of books and 5% of the tuition for courses associated with attaining the Administration Credential, up to a maximum of 12 credit hours  
Award a \$150 bonus to the scholarship employee upon completion of the Administration Credential (Director commits to one year of employment in sponsoring center upon completion of scholarship contract)

\_\_\_\_\_ **Director** is employee of center. *Model One – Option 2*  
Pay 5% of the cost of books and 5% of the tuition for courses associated with attaining the Administration Credential, up to a maximum of 12 credit hours  
No center bonus is associated with this option (Director commits to one year of employment in early childhood field, not necessarily in the sponsoring center)

\_\_\_\_\_ **Director** is also owner of center. *Model Two*  
Pay 5% of the cost of books and 5% of tuition for courses associated with attaining the Administration Credential, up to a maximum of 12 credit hours. (Director commits to one year of employment in the early childhood field upon completion of the scholarship contract.)

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 \_\_\_\_\_

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:

- 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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