



# T.E.A.C.H. Early Childhood® North Carolina Bachelor's Practicum Only 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....?

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

**Please include an admission letter from participating university as well as a transcript from a four year college/university or a transcript evaluation showing at least 55 hours of transferrable credit.**

**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<br><input type="checkbox"/> CDA: Preschool<br><input type="checkbox"/> CDA: Family Child Care Home<br><input type="checkbox"/> CDA: Home Visitor | <input type="checkbox"/> Specialization: Bi-Lingual (language: _____)<br><input type="checkbox"/> North Carolina Issued Credential<br><input type="checkbox"/> Post BA (state teaching license)<br><input type="checkbox"/> Not applicable |
|---|--|

**Please check the box that best describes your educational history**

- |   |  |
|---|--|
| <input type="checkbox"/> No high school diploma<br><input type="checkbox"/> High school diploma/GED<br><input type="checkbox"/> 1-year certificate<br><input type="checkbox"/> Associate Degree<br>(Major: _____) | <input type="checkbox"/> Bachelor Degree<br>(Major: _____)<br><input type="checkbox"/> Masters<br>(Major: _____)<br><input type="checkbox"/> Doctorate |
|---|--|

**Please check the box that best describes your educational goals**

- Earn a Bachelor's Degree in Early Childhood  
 Earn a Birth-Kindergarten License  
 Earn a Preschool Add-On License

**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?

- |  |   |
|--|---|
| <input type="checkbox"/> Child Development<br><input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Birth-Kindergarten Teaching Certification<br><input type="checkbox"/> Other (Please Specify Major) |
|--|---|

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<br><input type="checkbox"/> Barton College<br><input type="checkbox"/> Brevard College<br><input type="checkbox"/> Catawba College<br><input type="checkbox"/> East Carolina University<br><input type="checkbox"/> Elizabeth City State University<br><input type="checkbox"/> Fayetteville State University | <input type="checkbox"/> Gardner-Webb University<br><input type="checkbox"/> Greensboro College<br><input type="checkbox"/> North Carolina A & T University<br><input type="checkbox"/> North Carolina Central University<br><input type="checkbox"/> Shaw University<br><input type="checkbox"/> University of Mount Olive | <input type="checkbox"/> University of North Carolina at Charlotte<br><input type="checkbox"/> University of North Carolina at Greensboro<br><input type="checkbox"/> University of North Carolina at Pembroke<br><input type="checkbox"/> University of North Carolina at Wilmington<br><input type="checkbox"/> Western Carolina University<br><input type="checkbox"/> Winston Salem State University |
|--|---|--|

### Participation Agreement

I am aware that during the course of my contract I am required to remain employed with my sponsoring child care program for a minimum of 10 hours per week while performing the student teaching requirement. I am also willing to continue to work at my sponsoring center for six months, and in the early childhood field for an additional year.

\_\_\_\_\_  
(signature of applicant)



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





## 6. 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 Bachelor's Practicum Only 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 the following ways.

Complete and return claim forms for reimbursement of substitute care during the practicum semester by the 10<sup>th</sup> of each month, or by the end of the semester.

Notify CCSA within 10 days of any changes in the scholarship recipient's employment status.

Provide CCSA with demographic information about the center to satisfy reporting requirements to granting agencies.

Submit all term claims within 30 days after the close of each semester.

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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## 7. 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



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