



T.E.A.C.H. Early Childhood® North Carolina CDA Assessment Scholarship Program Application For YourCouncil Online Account Users



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"/> Other Pacific Islanders: |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other race: |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino | |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese | |
| <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 |

This application must be submitted with verification of income, copy of receipt for assessment fee, and a copy of the applicant's CDA certificate.

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
(Major: _____) |
| <input type="checkbox"/> High school diploma/GED | <input type="checkbox"/> Masters
(Major: _____) |
| <input type="checkbox"/> 1-year certificate | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> Associate Degree
(Major: _____) | |

Which certificate did you receive?

- Center-based infant/toddler program (children up to 36 months)
 Center-based preschool program (children 3-5 years)
 Family child care program (small or large child care home)
 Home visitor program
 Bilingual Specialization

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

What is your preferred Language for learning _____

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 mandatory paperwork 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. CENTER PARTICIPATION AGREEMENT

This agreement must be completed by the center director for teachers, or the center owner or board chairperson for directors.

The T.E.A.C.H. Early Childhood CDA Assessment 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)

_____ **Teachers - Option 1**
Participant Agrees to
Pay the cost of the assessment fee upfront and submit receipt for reimbursement
• I, as the recipient, do hereby agree to be held responsible for 15% of the cost of the assessment fee. Initials: _____
Commit to remaining in the early childhood field for 3 months after compensation is issued

_____ **Teachers - Option 2**
Participant Agrees to
Commit to remaining in sponsoring center for 6 months after compensation is issued
Center Agrees to
Pay the cost of assessment fee upfront and submit receipt for reimbursement
• The center will be held responsible for 15% of the cost of the assessment fee.
Retain employment of applicant for duration of commitment period

_____ **Family Based Professionals - Option 3**
Participant Agrees to
Pay upfront cost for assessment fee and submit receipt for reimbursement
• I, as the recipient, do hereby agree to be held responsible for 15% of the cost of the assessment fee.
Commit to keeping registered Family Child Care Home in operation for 6 months after compensation is issued

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 State PreK State Subsidies: Contracts
 Early Head Start Title I State Subsidies: Vouchers
 State Head Start IDEA 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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5. CENTER OWNER/FAMILY BASED PROFESSIONAL MONTHLY INCOME WORKSHEET

Instructions: This sheet will help you determine your monthly earnings from your day care center/family child care home. For each question, use the amount you made or spent last month. Special instructions are in italics.

Remember, you **MUST** include income verification such as copies of receipts for each of the children you take care of or a statement detailing your weekly rate and number of children you care for.

- 1. What is the total amount paid to you by parents each week?

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- 2. Total monthly parent fees - weekly fees x 4.33 (weeks per month)

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- 3. How much was your Child & Adult Care Food Program Reimbursement?

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- 4. How much did you receive from the Dept. of Social Services or other agencies for child care subsidy for children in your care?

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- 5. **Total monthly revenue (add lines 2, 3, and 4)**

--

How much did you spend for children in your child care home last month on:

- 6. Food

--
- 7. Toys

--
- 8. Assistant/Substitute Care

--
- 9. Crafts/Supplies

--
- 10. Transportation (\$0.25/mile)

--
- 11. Training Fees

--
- 12. Gifts for Children/Families

--
- 13. Other (specify)

--
- 14. **Total monthly expenses (add lines 6-13)**

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Revenue (line 5) _____ minus _____ Expenses (line 14) _____ = _____ Monthly Earnings

6. 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) \$ _____



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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. The benefit of this scholarship to you comes with various responsibilities.

As a T.E.A.C.H. Early Childhood® Scholarship Recipient, I will:

- _____ Provide proof of payment for the assessment fee (if applicable)
- _____ Provide a copy of my CDA certificate
- _____ Continue working at sponsoring center or operating family child care home for the duration of my contract and through the commitment period specified above.
- _____ Contact my scholarship counselor regarding any changes to my employment. He/She is just a phone call or email away and can answer many questions.

Signature of Applicant

Date

8. 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® North Carolina Scholarship Program for the monetary support that was received in error.

Signature of Applicant

Date

9. MANDATORY PAPERWORK

This application must be submitted with the following:

- Copy of receipt from the Council for Professional Recognition confirming payment
- Verification of income
- Copy of CDA certificate

You can go online to the Council for Professional Recognition’s website at www.cdacouncil.org to set up a YourCouncil account. Recipients will need a YourCouncil account in order to find a PD Specialist and test site, and schedule their verification visit. If the sponsoring employer is paying any portion of the assessment fee, they will also need to set up a YourCouncil account. Webinars are now available on their website in order to explain the YourCouncil portal.

The Competency Standards application booklet can be ordered through the Council’s online book store and used to apply via paper. The Council for Professional Recognition charges a smaller fee for applications submitted online using YourCouncil.



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