



T.E.A.C.H. EARLY CHILDHOOD® NC INFORMATION REQUEST FORM



Please circle the amount of each item below that you would like. Requests may take 8-10 business days for delivery. Providing an email address may allow for faster delivery or you can go online to our website at <https://www.childcareservices.org/teach-nc/apply-for-a-t-e-a-c-h-nc-scholarship/> and download one of our applications. Feel free to explore our site for additional reference and resource information.

	BROCHURES	APPLICATIONS
T.E.A.C.H. EARLY CHILDHOOD® Information Packet	1 2 3 4 5	
Master’s Degree in Education with an emphasis in Early Childhood Leadership and Management Scholarship	1 2 3 4 5	1 2 3 4 5

Only for those working at least 30 hours per week in a licensed child care facility

Early Childhood Administration Credential for Directors	1 2 3 4 5	1 2 3 4 5
CDA Assessment Scholarship	1 2 3 4 5	1 2 3 4 5
CDA Certificate Renewal Scholarship	1 2 3 4 5	1 2 3 4 5
CDA Certificate Renewal Course Only Scholarship	1 2 3 4 5	1 2 3 4 5
Early Childhood Certificate Scholarship	1 2 3 4 5	1 2 3 4 5
Early Childhood Associate Degree and Associate Graduate College Transfer scholarships for Early Educators	1 2 3 4 5	1 2 3 4 5
Quick Start/Final Step Early Childhood Associate Degree Program	1 2 3 4 5	1 2 3 4 5
Early Childhood Bachelor’s Degree for Teachers & Directors/Owners	1 2 3 4 5	1 2 3 4 5
Quick Start/Final Step Early Childhood Bachelor’s Degree Program	1 2 3 4 5	1 2 3 4 5
Bachelor’s Degree Practicum Only Scholarship	1 2 3 4 5	1 2 3 4 5
B-K Licensure Scholarship Program	1 2 3 4 5	1 2 3 4 5
B-K Licensure Practicum Only Scholarship	1 2 3 4 5	1 2 3 4 5
Preschool Add-On License Scholarship Program	1 2 3 4 5	1 2 3 4 5
Early Childhood Working Scholars Program	1 2 3 4 5	1 2 3 4 5

Only for those intending to work in a licensed NC-PreK child care facility or (if applicable) currently working less than 30 hours per week

Early Childhood Associate Scholars Program	1 2 3 4 5	1 2 3 4 5
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Only for non-facility based early childhood professionals

Early Care and Education Community Specialist Scholarship	1 2 3 4 5	1 2 3 4 5
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NAME/MAILING ADDRESS (PLEASE PRINT CLEARLY):

_____ Phone: (____) _____

_____ Email: _____

_____ County: _____

For Office Use Only: Date Requested: _____ Date Filled: _____