



# T.E.A.C.H. Early Childhood® North Carolina ECE Associate Degree Scholars 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 \_\_\_\_\_

Driver's License# \_\_\_\_\_

### Ethnicity

Do you consider yourself Latinx?

Yes (this includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Spanish)  No

Do you consider yourself...?

|   |   |
|---|---|
| <input type="checkbox"/> White  | <input type="checkbox"/> Native Hawaiian or Pacific Islander (includes Samoan, Chamorro, or other Pacific Islander) |
| <input type="checkbox"/> Black or African American  | <input type="checkbox"/> Other, two or more races   |
| <input type="checkbox"/> American Indian or Alaska Native   | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Asian (includes Asian Indian, Japanese, Chinese, Korean, Vietnamese, Filipino, or Other Asian) |   |

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 |

\* A copy of the applicant's Form W-9 and Social Security Card are required for tax and identification validation purposes.



**4. EMPLOYMENT HISTORY**

| Employment Experience - include paid and volunteer experience starting with most recent |                      |               |                     |                            |
|---|----------------------|---------------|---------------------|----------------------------|
| Name of employer/agency   | From/To (mm/dd/yyyy) | Position held | Reason for leaving? | Duties (brief description) |
|   |                      |               |                     |                            |
|   |                      |               |                     |                            |
|   |                      |               |                     |                            |
|   |                      |               |                     |                            |
|   |                      |               |                     |                            |
|   |                      |               |                     |                            |

**5. EMPLOYMENT STATUS**

**Please attach a current paystub or income statement (if employed)**

Program License or Registration Number \_\_\_\_\_  
 Center Name \_\_\_\_\_  
 Center Address (city, state, zip, county) \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Tax ID Number \_\_\_\_\_

What is your current job title?  
 Teacher       Administrator       Non-Teaching Professional Staff       ECE Apprentice  
 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  
 Is your center a NC Pre-K site?       Yes       No  
 Are you a teacher in a NCPRE-K classroom?       Yes       No  
 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 1classroom)? \_\_\_\_\_  
 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? \_\_\_\_\_

**Participation Agreement**

I am aware that if I receive this award, I will be expected to work in a licensed childcare setting serving subsidizes and/ or at-risk children in North Carolina for six months for each semester of the award. If I am unable to complete this commitment, I will repay the full amount of the award, plus 10% interest.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_



**Return This Application along with Supporting Documentation 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



**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 (if applicable). He/She is just a phone call or email away and can answer many questions.
- \_\_\_\_\_ Submit my signed contract addendum with a copy of my schedule each semester. Acceptance forms are required yearly and must be submitted every year at the start of the calendar year.
- \_\_\_\_\_ Contact my scholarship counselor regarding any changes to my employment (if applicable) 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.
- \_\_\_\_\_ It is my responsibility to ensure that I am meeting all of my obligations.
- \_\_\_\_\_ Notify T.E.A.C.H. within 10 days of changes to personal contact information including mailing address, phone number, and email address
- \_\_\_\_\_ Agree to complete an Automatic Clearing House (ACH) Form, provide documentation of current banking information and update as needed, so CCSA can provide direct electronic payments for scholarship related claims.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**7. 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

**8. APPLICATION CHECKLIST**

**For All Applicants**

- Verification of Income
- Proof of Identity – Social Security Card
- Form W-9
- Acceptance letter from Community College



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