

T.E.A.C.H. Early Childhood® North Carolina ECE Associate Degree Scholars Program Application



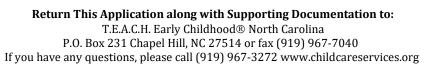
	1. PERSONAL INFORMATION						
Date	Social Security #						
Name	Preferred Name						
Address							
City, State, Zip							
County							
Phone Number	Home: () Cell: () Work: ()						
Email							
Date of Birth	(mm/dd/yyyy)						
Gender							
Driver's License#							
	les Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Spanish) 🔲 No						
Do you consider yo White	urseif? Native Hawaiian or Pacific Islander (includes						
Black or African							
Asian (includes A	In or Alaska Native						
	The above information is used for demographic purposes only.						
Please check the bar Arabic Armenian Chinese Creole English French Greek Hindi	Japanese Swahili Tagalog Lao Tribal: Polish Urdu Portuguese Russian Syanish Other: Syanish Other: Other: Control of the contro						
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?							
	parents or any of your brothers or sisters attended college? Yes No parents or any of your brothers or sisters have a college degree? Yes No						
How did you hear Presentation Mailing	about the T.E.A.C.H. Early Childhood® Scholarship Program? College Instructor Employer CCSA Website						

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

Relative not living with you					
Name					
Address					
City, State, Zip					
County					
Phone Number	Home: ()		W	ork: ()	
Relationship					
•	2 FDIICAT	TION INFORMAT	LIUN		
Please attach a conv of your transcript					
Please attach a copy of your transcript Are you CPR/First Aid Certified?	<u></u>	ter from communi	∏ No		
		nocializations vo	_	aold	
				on:Bi-Lingual	
CDA: PreschoolCDA: Family ChildCare Home				e:) ina Issued Credent	ial
☐ CDA: Home Visitor☐ Not applicable			Post BA (sta	ate teaching license	2)
Please check the box that best de No high school diploma High school diploma/GED 1-year certificate Associate Degree (Major:) Have you taken any college cours they you taken any ECE credits it How many credit hours have you How many credits do you have rewhat is your expected graduation When would you like your scholar what is your preferred language What North Carolina community (Do not abbreviate)	ses in the pasttwo year n the pasttwo years? ncompleted? emaining to complete yen date?(mm/dd/yyyy) arship to begin?	rs? [yourdegree? Fall [BachelorDe (Major: Masters (Major: Doctorate Yes Yes Spring)	No No No (year)
Are you currently enrolled in an	Early Childhood Assoc	iatedegree progr	am?	Yes	□ No
Do you have a desktop computer/Do you have internet access?	laptop/tablet?	☐ Yes ☐ Yes	□ No □ No		
	3. FI	NANCIAL AID			
Have you applied for any other fi		Yes		□ No	
If yes, what financial aid source(s) PELL Grant Longle	have you applied for? eaf Commitment Grant	Smart Star	t Grant [] Scholarships	StudentLoans
Financial Aid #1		Date of appli			
Application status	☐ Awarded	☐ Denied		Pending	
Financial Aid #2 Application status	Awarded	Date of appli Denied		Pending	









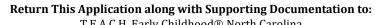
4. EMPLOYMENT HISTORY

Name of	From/To	Position held	Reason for leaving?	Duties (brief
employer/agency	(mm/dd/yyyy)	T obtain neta	reason for reaving.	description)
		F FMDI OVMENT CTA	PHC	
		5. EMPLOYMENT STAT	105	
lease attach a currei	nt paystub or income st	catement (if employed)		
Program License or Ro	egistration Number			
Center Name	08.00.00.00.00.00.00.00.00.00.00.00.00.0			
Center Address (city,	state, zip, county)			
Email Address				
Tax ID Number				
What is your current j	iob title?			
Teacher	Administrator	☐ Non-Teach	ing Professional Staff	ECE Apprentice
Assistant Teacher	Family Based Prof	essional 🔲 Non-Teach	ing Support Staff	
What age groups do y	ou teach? (please check o	ll that apply)		
Infants (0-12 Mont			reschool (37 Months – PreK)
Toddler (13-36 Mo			chool Age	. . .
Is your center a NC Pr		<u> </u>		No
Are you a teacher in a			es	No
•	orked in the field of early			
Less than 2 Years	2-5 Years	☐ 6-1	10 Years	10+Years
How many children a	re in your classroom or c	hild care facility (if you do	n't work in 1classroom)?	
How many hours per	week do youwork?			
How many months pe	er year do youwork?			
Beginning date of emp	oloyment at current facil	ity?(mm/dd/yyyy)		
What is your current l	hourly salary?			
-				
articipation Agreeme am aware that if I recei		pected to work in a license	d childcare setting serving su	bsidizes and/ or at-r
			am unable to complete this co	

the full amount of the award, plus 10% interest.

Signature of Applicant





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 (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.

8. APPLICATION CHECK LIST

For All Applicants

Verification of Income Proof of Identity – Social Security Card FormW-9

Acceptance letter from Community College



Signature of Applicant



Date