



T.E.A.C.H. Early Childhood® North Carolina Bachelor's Degree 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

Do you consider yourself Latinx?

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

Do you consider yourself...?

White Native Hawaiian or Pacific Islander (includes Samoan, Chamorro, or other Pacific Islander)

Black or African American Other, two or more races

American Indian or Alaska Native Other: _____

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.

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

- CDA: Infant/Toddler
- CDA: Preschool
- CDA: Family Child Care Home
- CDA: Home Visitor
- Specialization: Bi-Lingual (language: _____)
- North Carolina Issued Credential
- Post BA (state teaching license)
- Not Applicable

Please check the box that best describes your educational history

- No high school diploma
- High school diploma/GED
- 1-year certificate
- Associate Degree (Major: _____)
- Bachelor Degree (Major: _____)
- Masters (Major: _____)
- Doctorate

Please check the box that best describes your educational goals

- Earn a Bachelor's Degree in Early Childhood
- Earn a Birth-Kindergarten 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 howmany? ____ No

What is your preferred language for learning _____

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?

- Child Development
- Early Childhood Education
- Birth-Kindergarten Teaching Certification
- Other (Please Specify Major)

How far have you progressed toward your degree?

When would you like your scholarship to begin? Fall Spring Summer (year) _____

Which of the participating universities would/do you attend?

- Appalachian State
- Barton College
- Brevard College
- Catawba College
- East Carolina University
- Elizabeth City State University
- Fayetteville State University
- Gardner-Webb University
- Greensboro College
- North Carolina A & T University
- North Carolina Central University
- Shaw University
- University of Mount Olive
- University of North Carolina at Charlotte
- University of North Carolina at Greensboro
- University of North Carolina at Pembroke
- University of North Carolina at Wilmington
- Western Carolina University
- Winston Salem State University

Do you have a desktop computer/laptop/tablet? Yes No

Do you have internet access? Yes No

Participation Agreement

I am aware that I may be required to pay a portion (5%) of the cost of tuition and books for courses leading to a Bachelor's Degree. I am also willing to continue to work at my sponsoring center for one year, and in the early childhood field for an additional year, after completing 9-12 credit hours in one contract year.

(signature of applicant)



Return This Application 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



3. EMPLOYMENT STATUS

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 NC Pre-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 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? _____

4. 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?
2. Total monthly parent fees - weekly fees x 4.33 (weeks per month)
3. How much was your Child & Adult Care Food Program Reimbursement?
4. How much did you receive from the Dept. of Social Services or other agencies for child care subsidy for children in your care?
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)**

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



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5. 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.
- _____ 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

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 Longleaf Commitment Grant Smart Start Grant Scholarships Student Loans

Financial Aid #1 _____ Date of application _____

Application status Awarded Denied Pending



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Financial Aid

#2 _____ Date of application _____
Application status Awarded Denied Pending

YOUR TOTAL INCOME \$ _____

YOUR TOTAL FAMILY INCOME (your spouse included) \$ _____

7. CENTER PARTICIPATION AGREEMENT

Please include a copy of the facility's Form W-9 and IRS letter including the Tax ID Number.

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 Degree 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 one of the following ways. (Please check one to indicate which applicable option you prefer)

- **Director** is employee of center. *Option 1*
Pay 5% of the cost of books and 5% of the tuition for 9-15 semester hours at a local university for the scholarship employee
At the end of the contract term, upon completion of 9-15 semester hours, award a \$250 bonus to the scholarship employee
- **Director** is also owner of center. *Option 2*
Pay 5% of the cost of books and 5% of the tuition for courses totaling 9-12 semester hours at a local university for the scholarship recipient.
- **Teacher - Option 1**
Pay 5% of the cost of tuition for courses totaling 9-15 credit hours at a local university for the scholarship employee.
Provide paid release time each week for my scholarship employee. The amount of release time is equal to the number of credit hours the employee is taking up to a maximum of six hours per week. Release time will be provided when the university is in session.
At the end of the contract upon completion of 9-15 credit hours issue a 4% raise. This raise is above and beyond any other expected raise.
- **Teacher - Option 2**
Pay 5% of the cost of books and 5% of the tuition for courses totaling 9-15 credit hours at a local university for the scholarship employee.
Provide three hours per week of paid release time when the university is in session regardless of the number of courses taken.
At the end of the contract upon completion of 9-15 credit hours, award a \$250 bonus in two installments.

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

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Head Start | <input type="checkbox"/> State PreK | <input type="checkbox"/> State Subsidies: Contracts |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> Title I | <input type="checkbox"/> State Subsidies: Vouchers |
| <input type="checkbox"/> State Head Start | <input type="checkbox"/> IDEA | <input type="checkbox"/> 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: _____



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FOR ALL PROGRAMS

Number of children: _____

Center Auspice: _____

Center Star Rating: _____

Is your Center accredited: _____

If yes by whom? _____

Licensed for _____

Profit

1

2

Yes

Enrolled _____

Nonprofit

3

4

No

Head Start

5

GS110

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

Signature of Applicant

Date

9. APPLICATION CHECK LIST

For All Applicants

Verification of Income

Transcript/transcript evaluation *

* Must have at least 55 transferable credit hours

Proof of Identity – Social Security Card

Acceptance Letter from University

Form W-9

For All Employers

IRS Letter with Tax Identification Number

Form W-9



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