



# T.E.A.C.H. Early Childhood® North Carolina Birth-Kindergarten Licensure Practicum Only 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, and proof of a completed bachelor's degree.

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

Have you taken any college courses in the past two years?  
 Have you taken any ECE credits in the past two years?

- Yes  No
- Yes how many? \_\_\_\_\_  No

What is your preferred language for learning?

Are you currently enrolled in an early childhood program at a University in North Carolina

- Yes  No

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 Chapel Hill
- 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?  
 Do you have internet access?

- Yes  No
- Yes  No

**3. EMPLOYMENT STATUS**

What is your current job title?

- Teacher  Administrator  Non-Teaching Professional Staff
- Assistant Teacher  Family Based Professional  Non-Teaching Support Staff

What age groups do you teach? (please check all that apply)

- Infants (0-12 Months)
- Toddler (13-36 Months)
- Preschool (37 Months - PreK)
- 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?

\_\_\_\_\_



**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



**4. 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

Financial Aid #2 \_\_\_\_\_ Date of application \_\_\_\_\_  
Application status  Awarded  Denied  Pending

YOUR TOTAL INCOME \$ \_\_\_\_\_

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

**5. 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 Birth-Kindergarten Licensure Practicum Only 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 the following ways.

Complete and return claim forms for reimbursement of substitute care during the practicum semester by the 10<sup>th</sup> of each month, or by the end of the semester.

Notify CCSA within 10 days of any changes in the scholarship recipient's employment status.

Provide CCSA with demographic information about the center to satisfy reporting requirements to granting agencies. Submit all term claims within 30 days after the close of each semester.

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: \_\_\_\_\_



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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       Head Start
- No       5       GS110

**6. 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

**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. 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



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**Participation Agreement**

I am aware that during the course of my contract I am required to remain employed with my sponsoring child care program for a minimum of 10 hours per week while performing the student teaching requirement. I am also willing to continue to work at my sponsoring center for six months, and in the early childhood field for an additional year.

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(signature of applicant)

## 8. APPLICATION CHECKLIST

**For All Applicants**

- |   |   |
|---|---|
| <input type="checkbox"/> Verification of Income                   | <input type="checkbox"/> Proof of Bachelor's Degree |
| <input type="checkbox"/> Acceptance Letter from University        | <input type="checkbox"/> Form W-9                   |
| <input type="checkbox"/> Proof of Identity – Social Security Card |   |

**For All Employers**

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> IRS Letter with Tax Identification Number | <input type="checkbox"/> Form W-9 |
|--|-----------------------------------|



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