



T.E.A.C.H. Early Childhood® North Carolina CDA Assessment Scholarship Program Application For Quorum/Teaching Strategies Members



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...?

<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.

2. EDUCATION INFORMATION

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? Yes No
 Have you taken any ECE credits in the past two years? Yes, how many? ____ No

What is your preferred Language for learning _____

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

3. EMPLOYMENT STATUS

What is your current job title?

- Teacher
- Assistant Teacher

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. CENTER PARTICIPATION AGREEMENT

This agreement must be completed by the center director.

The T.E.A.C.H. Early Childhood® CDA Scholarship Program for Quorum/Teaching Strategies Members offered through Child Care Services Association is available to teachers who are working on a CDA through the Quorum/Teaching Strategies professional development membership program. By signing this agreement, I am verifying that *(Applicant Name)* _____ is a teacher in an NC PreK classroom or licensed setting and completing CDA training through the Quorum/Teaching Strategies online membership program.

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: _____

FOR ALL PROGRAMS

Number of children: _____ Licensed for _____ Enrolled _____

Center Auspice: Profit Nonprofit Head Start

Center Star Rating: 1 2 3 4 5 GS110

Is your Center accredited: Yes No

If yes by whom? _____



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5. STATEMENT OF INCOME

Please attach a copy of your most recent pay stub here

Employer #1 _____ Hours/week _____ \$ _____ per

Employer #2 _____ Hours/week _____ \$ _____ per

YOUR TOTAL INCOME \$ _____

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

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. The benefit of this scholarship to you comes with various responsibilities.

As a T.E.A.C.H. Early Childhood® Scholarship Recipient, I will:

- _____ Complete CDA training through Quorum/Teaching Strategies platform.
- _____ Follow the procedures for applying for CDA Assessment once CDA training is completed.
- _____ Request authorization from T.E.A.C.H. for CDA books and direct assessment fees.
- _____ Continue working with my employer for the duration of my contract.
- _____ Provide a copy of my CDA certificate to receive bonus.
- _____ Commit to working in NC PreK classroom or licensed setting for 6 months after receiving bonus.
- _____ Contact my scholarship counselor regarding any changes to my employment. He/She is just a phone call or email away and can answer many questions.
- _____ 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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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® North Carolina Scholarship Program for the monetary support that was received in error.

Signature of Applicant

Date

8. APPLICATION CHECK LIST

For All Applicants

- Verification of Income

 Form W-9

 Proof of Identity – Social Security Card
 Verification of Membership to Quorum/Teaching Strategies

For All Employers

- IRS Letter with Tax Identification Number

 Form W-9



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