



**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](http://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 NC PreK 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 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 in a Center-based preschool program (children 3-5 years)

\_\_\_\_\_ 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 in an NC PreK classroom for the duration of my contract.

\_\_\_\_\_ Provide a copy of my CDA certificate to receive bonus.

\_\_\_\_\_ Commit to working in NC PreK classroom 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 and NC PreK
   
  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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