



# T.E.A.C.H. Early Childhood® Early Care and Education Community Specialist 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 \_\_\_\_\_

Driver's License# \_\_\_\_\_

### 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

American Indian or Alaska Native  Other, two or more races

Asian (includes Asian Indian, Japanese, Chinese, Korean, Vietnamese, Filipino, or Other Asian)  Other: \_\_\_\_\_

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?

Presentation  College Instructor  Coworker  
 Mailing  Employer  CCSA Website

Name of relative not living with you \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

County \_\_\_\_\_

Phone Number Home: ( ) Work: ( )

Relationship \_\_\_\_\_

\* 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
- Not applicable
- Specialization: Bi-Lingual (language: \_\_\_\_\_)
- North Carolina Issued Credential
- Post BA (state teaching license)

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 an Associate's Degree in Early Childhood Education
- Earn a Bachelor's Degree in Early Childhood Education

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

Which degree are you working on? \_\_\_\_\_

How many credit hours have you completed? \_\_\_\_\_

How many credits do you have remaining to complete your degree? \_\_\_\_\_

What is your expected graduation date? (mm/dd/yyyy) \_\_\_\_\_

Have you obtained NC Early Educator Certification?  Yes  No

(If yes, please attach a copy of your certificate.)

What is your preferred language for learning? \_\_\_\_\_

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

Are you currently enrolled in an Early Childhood Associate Degree program or a child development undergraduate program?  Yes  No

Which North Carolina Community College do/would you attend? \_\_\_\_\_

(Do not abbreviate)

Which participating university do/would you attend?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Appalachian State University    | <input type="checkbox"/> Gardner-Webb University   | <input type="checkbox"/> UNC - Charlotte                |
| <input type="checkbox"/> Barton College                  | <input type="checkbox"/> Greensboro College        | <input type="checkbox"/> UNC - Greensboro               |
| <input type="checkbox"/> Brevard College                 | <input type="checkbox"/> NC A & T State University | <input type="checkbox"/> UNC - Pembroke                 |
| <input type="checkbox"/> Catawba College                 | <input type="checkbox"/> NC Central University     | <input type="checkbox"/> UNC - Wilmington               |
| <input type="checkbox"/> East Carolina University        | <input type="checkbox"/> Shaw University           | <input type="checkbox"/> Western Carolina University    |
| <input type="checkbox"/> Elizabeth City State University | <input type="checkbox"/> University of Mount Olive | <input type="checkbox"/> Winston Salem State University |
| <input type="checkbox"/> Fayetteville State University   | <input type="checkbox"/> UNC - Chapel Hill         |   |

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

Do you have internet access?  Yes  No

**3. 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 for the monetary support that was received in error.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_



Return This Application along 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. 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 specialist. My specialist 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 specialists to forward to the appropriate school. Form B's must be submitted for reimbursement of tuition, books and course access 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 specialist 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

**5. EMPLOYMENT STATUS**

**What is your current job title? (please attach formal job description)**

- Head Start Home Visitor (please select program)
  - Early Head Start Home Visitor
  - Parents as Teachers
- Professional Development Specialist
- Community College Early Childhood Instructor
- Other EC Support Staff (please specify) \_\_\_\_\_
- Nutritionist
- Technical Assistant Specialist
- Early Intervention Specialist
- Nurse Educators
- DCDEE Regulatory Staff

**How long have you worked in the field of early care and education?**

- Less than 2 Years
- 2-5 Years
- 6-10 Years
- 10+ Years

**Beginning date of employment at current agency? (mm/dd/yyyy)**

\_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Address (city, state, zip, county) \_\_\_\_\_

Tax ID Number \_\_\_\_\_



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**6. STATEMENT OF INCOME**

Please attach a copy of your most recent pay stub here or W2 for previous tax year

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) \$ \_\_\_\_\_

**7. AGENCY PARTICIPATION**

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

This agreement must be completed by the applicants' supervisor, executive director or president.

The T.E.A.C.H. Early Childhood® Early Care and Education Community Specialist Scholarship is offered through Child Care Services Association. It requires the participation of each scholarship recipient's employing agency. In the event that (Applicant Name)

\_\_\_\_\_ is awarded a scholarship, I understand that (Agency Name) \_\_\_\_\_ agrees to participate in the following ways.

\_\_\_ Agrees provide a flexible working schedule for the recipient during work hours if needed.

\_\_\_ Agrees to not reduce salary/wages because of participation on scholarship.

Please print name of agency representative \_\_\_\_\_

Signature of agency representative \_\_\_\_\_

**8. ESSAYS**

You must answer all three of the following essay questions. The essays must be typewritten and no longer than one page each.

1. Why do you want to receive a T.E.A.C.H. Early Childhood® Early Care and Education Community Specialist Scholarship?
2. What personal experiences in your life shaped your desire to work on behalf of young children or within the early care and education system?
3. What contributions do you hope to make to young children and/or the field of early childhood education? What leadership role do you see for yourself in early childhood education in the next five to ten years?

**9. APPLICATION CHECKLIST**

**For All Applicants**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Verification of Income                        | <input type="checkbox"/> Form W-9               | <input type="checkbox"/> Proof of Identity – Social Security Card                |
| <input type="checkbox"/> Acceptance Letter from Community College      | <input type="checkbox"/> Three Essays Completed | <input type="checkbox"/> Participation Agreement Signed                          |
| <input type="checkbox"/> Acceptance Letter from University if Bachelor | <input type="checkbox"/> Formal Job Description | <input type="checkbox"/> Three Professional References (employer and two others) |
| <input type="checkbox"/> Transcript/Transcript Evaluation if Bachelor* | *Bachelor must have at least 55 hours           |  |



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**T.E.A.C.H. EARLY CHILDHOOD®EARLY CARE AND EDUCATION  
COMMUNITY SPECIALIST REFERENCE FORM**

Thank you for agreeing to serve as a reference for this T.E.A.C.H. Early Childhood® Early Care and Education Community Specialist Scholarship Applicant.

Below is a list of statements that we would like you to use to evaluate the applicant. Please circle the word that best describes how true the statement is for the applicant. Also feel free to tell us anything else you believe might be useful in our decision-making process.

Name of T.E.A.C.H. Early Childhood® Early Care and Education Community Specialist Scholarship Applicant:

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Name, title and address of person completing this reference

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Please check the appropriate box indicating your relationship to the applicant

- |  |  |
|--|--|
| <input type="checkbox"/> Teacher/Professor | <input type="checkbox"/> Co-worker       |
| <input type="checkbox"/> Employer          | <input type="checkbox"/> Other (specify) |

<b>1. This applicant has an interest in working on behalf of young children or within early care and education.</b>	Always	Usually	Sometimes	Never	Don't Know
<b>2. This applicant is a successful student.</b>	Always	Usually	Sometimes	Never	Don't Know
<b>3. This applicant respects and values others of different races, cultures, religions and economic backgrounds.</b>	Always	Usually	Sometimes	Never	Don't Know
<b>4. This applicant is active in his or her community (i.e. extracurricular school activities, volunteering, etc.).</b>	Always	Usually	Sometimes	Never	Don't Know
<b>5. This applicant has demonstrated an interest in and commitment to early care and education.</b>	Always	Usually	Sometimes	Never	Don't Know
<b>6. This applicant shows leadership potential.</b>	Always	Usually	Sometimes	Never	Don't Know



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7. Please tell us what makes this applicant an ideal T.E.A.C.H. Early Childhood® Early Care and Education Community Specialist.

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8. How long and in what context have you known the applicant?

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9. Feel free to make additional comments in the space below.

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Signature \_\_\_\_\_

Date \_\_\_\_\_



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\_\_\_\_\_  
Signature

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\_\_\_\_\_

Name, title and address of person completing this reference

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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