



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
- Take coursework towards a Graduate Degree focusing on Early Care and 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



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 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

5. EMPLOYMENT STATUS

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

- | | |
|--|---|
| <input type="checkbox"/> Head Start Home Visitor (please select program) | <input type="checkbox"/> Professional Development Specialist |
| <input type="checkbox"/> Early Head Start Home Visitor | <input type="checkbox"/> Community College Early Childhood Instructor |
| <input type="checkbox"/> Parents as Teachers | <input type="checkbox"/> Other EC Support Staff (please specify) |
| <input type="checkbox"/> Nutritionist | |
| <input type="checkbox"/> Technical Assistant Specialist | <input type="checkbox"/> Early Intervention Specialist |
| <input type="checkbox"/> Nurse Educators | <input type="checkbox"/> 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 to administer paid release time (not reimbursable) to the recipient during work hours if needed.
- ___ Agrees to not reduce salary/wages as a result of participating 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

- Verification of Income
 - Acceptance Letter from Community College
 - Acceptance Letter from University if Bachelor or Graduate
 - Transcript/Transcript Evaluation if Bachelor*
 - Copy of Undergrad Transcript if graduate
 - Form W-9
 - Three Essays Completed
 - Early Educator Certificate**
 - Formal Job Description
 - Proof of Identity – Social Security Card
 - Participation Agreement Signed
 - Three Professional References (employer and two others)
 - Education plan detailing graduate level coursework
- *Bachelor must have at least 55 hours **must apply for EEC within 6 months of scholarship award



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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:

Name, title and address of person completing this reference

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) |

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

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

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

Signature

Date



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