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

Are you of Hispanic, Latino or Spanish origin?

- ☐ No
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Other Hispanic, Latino or Spanish

Do you consider yourself….?

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Japanese
- ☐ Native Hawaiian
- ☐ Chinese
- ☐ Korean
- ☐ Guamanian or Chamorro
- ☐ Filipino
- ☐ Vietnamese
- ☐ Samoan
- ☐ Other Asian:
- ☐ Other Pacific Islanders:
- ☐ Other race:

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)

- ☐ Arabic
- ☐ Armenian
- ☐ Chinese
- ☐ Creole
- ☐ English
- ☐ French
- ☐ Greek
- ☐ Hindi
- ☐ Japanese
- ☐ Korean
- ☐ Lao
- ☐ Persian
- ☐ Polish
- ☐ Portuguese
- ☐ Russian
- ☐ Spanish
- ☐ Swahili
- ☐ Tagalog
- ☐ Thai
- ☐ Tribal: _____
- ☐ Urdu
- ☐ Vietnamese
- ☐ Yiddish
- ☐ 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
- ☐ Mailing
- ☐ College Instructor
- ☐ Employer
- ☐ Coworker
- ☐ 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?
(If yes, please attach a copy of your certificate.) ☐ Yes ☐ No

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?

- ☐ Appalachian State University
- ☐ Barton College
- ☐ Brevard College
- ☐ Catawba College
- ☐ East Carolina University
- ☐ Elizabeth City State University
- ☐ Fayetteville State University
- ☐ Gardner-Webb University
- ☐ Greensboro College
- ☐ NC A & T State University
- ☐ NC Central University
- ☐ Shaw University
- ☐ University of Mount Olive
- ☐ UNC - Chapel Hill
- ☐ UNC - Charlotte
- ☐ UNC – Greensboro
- ☐ UNC – Pembroke
- ☐ UNC – Wilmington
- ☐ Western Carolina University
- ☐ Winston Salem State University

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

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

_____ _____
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
- ☐ Nutritionist
- ☐ Technical Assistant Specialist
- ☐ Nurse Educators
- ☐ Professional Development Specialist
- ☐ Community College Early Childhood Instructor
- ☐ Other EC Support Staff (please specify) _____
- ☐ Early Intervention Specialist
- ☐ 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 _____

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 ☐ 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.

- Provide a written plan on how paid release time (not reimbursable) will be administered to the recipient during work hours if needed.
- Provide a statement of understanding that salary/wages will not be reduced 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

For All Employers

- ☐ Statement of understanding that salary/wages will not be reduced

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

- ☐ Teacher/Professor
- ☐ Employer
- ☐ Co-worker
- ☐ 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

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.

_____

_____

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_____ _____

Signature Date

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