



# T.E.A.C.H. Early Childhood® North Carolina Early Childhood Certificate Scholarship Program



## 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**

Please include proof of completion of EDU 119.

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

Please check the box that best describes your educational goals

- Earn an Infant/Toddler Care Certificate
- Earn a Preschool Certificate

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 howmany? \_\_\_\_  No

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

Are you currently enrolled at a North Carolina community college?  Yes  No

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

Which community college would you like to attend? (Do not abbreviate) \_\_\_\_\_

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
- Administrator
- Family Based Professional
- Non-Teaching Professional Staff
- Non-Teaching Support Staff

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. FAMILY BASED PROFESSIONAL MONTHLY INCOME WORKSHEET**

Instructions: This sheet will help you determine your monthly earnings from your family child care home. For each question, use the amount you made or spent last month.

Remember, you MUST include income verification such as copies of receipts for each of the children you take care of or a statement detailing your weekly rate and number of children you care for.

- 1. What is the total amount paid to you by parents each week?
- 2. Total monthly parent fees - weekly fees x 4.33 (weeks per month)
- 3. How much was your Child & Adult Care Food Program Reimbursement?
- 4. How much did you receive from the Dept. of Social Services or other agencies for child care subsidy for children in your care?


**5. Total monthly revenue (add lines 2, 3, and 4)**

How much did you spend for children in your child care home last month on:

- 6. Food
- 7. Toys
- 8. Assistant/Substitute Care
- 9. Crafts/Supplies
- 10. Transportation (\$0.25/mile)
- 11. Training Fees
- 12. Gifts for Children/Families
- 13. Other (specify)


**14. Total monthly expenses (add lines 6-13)**

Revenue (line 5)      -      -      \_\_\_\_\_      =      \_\_\_\_\_  
 minus      Expenses (line 14)      equals      Monthly Earnings (job 1 earnings above)

**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 \_\_\_\_\_

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



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**6. FACILITY INFORMATION**

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

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  
 Head Start                       State PreK                       State Subsidies: Contracts  
 Early Head Start               Title I                           State Subsidies: Vouchers  
 State Head Start                 IDEA                             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? \_\_\_\_\_

**7. CENTER PARTICIPATION AGREEMENT FOR FAMILY BASED PROFESSIONALS**

The T.E.A.C.H. Early Childhood Infant Toddler and Preschool Certificate scholarship offered through Child Care Services Association requires the participation of each scholarship recipient. In the event that I (*Applicant Name*) \_\_\_\_\_ am awarded a scholarship, I agree to the following participation requirements:

- Family Based Professionals**
  - Pay 5% of the cost of tuition and books for courses totaling up to 18 semester hours at my local community college
  - Complete up to 18 semester hours in Early Childhood Education during a 24 month period
  - Continue the operation of my family child care home for one year after completion of the course requirements

Please print name of family child care home owner \_\_\_\_\_  
Signature of family child care home owner \_\_\_\_\_



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## 8. CENTER PARTICIPATION AGREEMENT FOR CENTER TEACHERS AND DIRECTORS

This agreement must be completed by the center director for teachers, owner or board chairperson for directors.

The T.E.A.C.H. Early Childhood® Infant Toddler and Preschool Certificate scholarship offered through Child Care Services Association requires the participation of scholarship recipient's employing child care center. In the event that (*Applicant Name*) \_\_\_\_\_ is awarded a scholarship, I understand that (*Center Name*) \_\_\_\_\_ agrees to participate in one of the following ways. (Please check one to indicate which applicable option you prefer)

- **Director** is employee of center. *Option 1*  
 Pay 5% of the cost of books and 5% of the tuition for up to 18 semester hours at a local community college for the scholarship employee  
 At the end of the contract term, upon completion of a minimum of 12 semester hours, award a \$250 bonus to the scholarship employee
  
- **Director** is also owner of center. *Option 2*  
 Pay 5% of the cost of books and 5% of the tuition for up to 18 semester hours at a local community college for the scholarship employee
  
- **Teacher - Option 1**  
 Pay 5% of the cost of books and 5% of the tuition for up to 18 semester hours at a local community college for the scholarship employee  
 Provide 3 hours per week of paid release time when the college is in session.  
 At the end of the contract upon completion of 9-12 credit hours issue a \$200 bonus
  
- **Teacher - Option 2**  
 Pay 5% of the cost of books and 5% of the tuition for up to 18 semester hours at a local community college for the scholarship employee  
 Provide 3 hours per week of paid release time when the college is in session.  
 At the end of the contract upon completion of 13-18 credit hours, award a \$350 bonus.

Please print name of director or  
 chairperson/owner \_\_\_\_\_

Signature of director or chairperson/owner \_\_\_\_\_

## 9. 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



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**10. 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

**11. APPLICATION CHECK LIST**

**For All Applicants**

- Verification of Income
- Proof of Identity – Social Security Card
- Proof of completion of EDU 119
- Form W-9

**For All Employers**

- IRS Letter with Tax Identification Number
- Form W-9



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