



T.E.A.C.H. Early Childhood® ECE Working Scholars Scholarship 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...?

<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

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

Please attach a copy of your transcript(s) and an acceptance letter from desired community college or university.

Are you CPR/First Aid Certified? Yes No

Please check the box indicating what credentials and specializations you currently hold

- | | | |
|--|---|---|
| <input type="checkbox"/> CDA: Infant/Toddler | <input type="checkbox"/> CDA: Home Visitor | <input type="checkbox"/> North Carolina Issued Credential |
| <input type="checkbox"/> CDA: Preschool | <input type="checkbox"/> Specialization: Bi-Lingual | <input type="checkbox"/> Post BA (state teaching license) |
| <input type="checkbox"/> CDA: Family Child Care Home | (language: _____) | <input type="checkbox"/> Not applicable |

Please check the box that best describes your educational history

- | | |
|--|--|
| <input type="checkbox"/> No high school diploma | <input type="checkbox"/> Bachelor Degree |
| <input type="checkbox"/> High school diploma/GED | (Major: _____) |
| <input type="checkbox"/> 1-year certificate | <input type="checkbox"/> Masters |
| <input type="checkbox"/> Associate Degree | (Major: _____) |
| (Major: _____) | <input type="checkbox"/> Doctorate |

Please check the box that best describes your educational goals

- Earn an Early Childhood or School-Age Credential
- Take a few early childhood courses to obtain or upgrade job-related skills
- Earn an Early Childhood, Infant/Toddler or School-Age Certificate
- Earn an Early Childhood Associate Degree
- Earn an Early Childhood Associate Degree and transfer to a four-year college/university to earn a Bachelor's Degree
- Earn a Bachelor's Degree in Early Childhood
- Earn a Birth-Kindergarten License
- Earn a Master's Degree in Early Childhood Leadership and Management

What is your preferred language for learning _____

Are you currently enrolled in an Early Childhood Associate Degree program or a child development undergraduate program?

Yes No

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

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) _____

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

Which North Carolina Community College do/would you attend?

(Do not abbreviate)

Which of the participating universities would/do you attend?

- | | | |
|--|--|---|
| <input type="checkbox"/> Appalachian State | <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"/> North Carolina A & T University | <input type="checkbox"/> UNC- Pembroke |
| <input type="checkbox"/> Catawba College | <input type="checkbox"/> North Carolina 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 listed on the application checklist is true to the best of my knowledge. I understand that falsifying this information or the failure to comply with 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 eligibility 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.
- _____ 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 HISTORY

Employment Experience - include paid and volunteer experience starting with most recent				
Name of employer/agency	From/To (mm/dd/yyyy)	Position held	Reason for leaving?	Duties (brief description)

6. EMPLOYMENT STATUS

What is your current job title?

- Teacher Administrator Non-Teaching Professional Staff ECE Apprentice
 Assistant Teacher Family Based Professional Non-Teaching Support Staff

What age groups do you teach? (please check all that apply)



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<input type="checkbox"/> Infants (0-12 Months)	<input type="checkbox"/> Preschool (37 Months - PreK)
<input type="checkbox"/> Toddler (13-36 Months)	<input type="checkbox"/> School Age
Is your center a NC Pre-K site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a teacher in a NC Pre-K classroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long have you worked in the field of early childhood?	
<input type="checkbox"/> Less than 2 Years <input type="checkbox"/> 2-5 Years <input type="checkbox"/> 6-10 Years <input type="checkbox"/> 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?	_____

7. 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) \$ _____

8. RECIPIENT TESTAMENT AND AGREEMENT

Participation Testament

I hereby declare that I would like to participate in the Working Scholars Program in the following way (choose only one):

- _____ Option 1
Complete 1 semester of coursework with a total of 6 credit hours
- _____ Option 2
Complete multiple semesters of coursework for a maximum of 5 semesters

Participation Agreement

I am aware that if I receive this award, I will be expected to work in a North Carolina licensed childcare setting for six months for each semester of the award. If I am unable to complete this commitment for any semester a stipend was given, I will be required to repay Child Care Services Association for each corresponding stipend.

Signature of Applicant

Date

9. EMPLOYER TESTAMENT AND AGREEMENT



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This agreement must be completed by the center director or owner for teachers.

The T.E.A.C.H. Early Childhood Working Scholars Program offered through Child Care Services Association is available to center-based teachers whose employer is unwilling to sponsor them on a comprehensive scholarship. In the event that *(Applicant Name)* _____ is awarded a scholarship, I confirm that *(Center Name)* _____ will **not** sponsor the aforementioned applicant on a comprehensive T.E.A.C.H. Early Childhood® scholarship. By signing this agreement I also acknowledge my understanding that this individual is not obligated to complete their commitment period at our facility.

Please print name of director or owner _____
 Signature of director or 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 _____	<input type="checkbox"/> Head Start
Center Auspice: _____	<input type="checkbox"/> Profit	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> 5 <input type="checkbox"/> GS110
Center Star Rating: _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> No
Is your Center accredited: _____	<input type="checkbox"/> Yes		
If yes by whom? _____			

10. APPLICATION CHECKLIST

For All Applicants

<input type="checkbox"/> Verification of Income	<input type="checkbox"/> Proof of Identity - Social Security Card
<input type="checkbox"/> Form W-9	<input type="checkbox"/> Transcript/transcript evaluation * * Bachelor must have at least 55 credit hours
<input type="checkbox"/> Acceptance Letter from University if Bachelor	



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