



# T.E.A.C.H. Early Childhood® North Carolina Associate Degree Scholarship Program for Early Educators



## 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...?

White  Native Hawaiian or Pacific Islander (includes Samoan, Chamorro, or other Pacific Islander)

Black or African American  Other, two or more races

American Indian or Alaska Native  Other: \_\_\_\_\_

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?

Presentation  College Instructor  Coworker

Mailing  Employer  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

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"/> Specialization: Bi-Lingual (language: _____) |
| <input type="checkbox"/> CDA: Preschool              | <input type="checkbox"/> North Carolina Issued Credential             |
| <input type="checkbox"/> CDA: Family Child Care Home | <input type="checkbox"/> Post BA (state teaching license)             |
| <input type="checkbox"/> CDA: Home Visitor           | <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<br>(Major: _____) |
| <input type="checkbox"/> High school diploma/GED            | <input type="checkbox"/> Masters<br>(Major: _____)         |
| <input type="checkbox"/> 1-year certificate                 | <input type="checkbox"/> Doctorate                         |
| <input type="checkbox"/> Associate Degree<br>(Major: _____) |  |

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

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

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  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)

- |  |   |
|--|---|
| <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) \_\_\_\_\_

**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](http://www.childcareservices.org)



What is your current hourly salary? \_\_\_\_\_

**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 Associate Degree Program 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 9-15 semester hours at my local community college  
 Complete 9-15 semester hours in Early Childhood Education during a 12 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 Associate Degree Program offered through Child Care Services Association requires the participation of each 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 12-15 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 courses totaling 12-15 semester hours at a local community college for the scholarship recipient.
  
- Teacher - Option 1- A (Small Raise Option)**  
 Pay 5% of the cost of tuition for courses totaling 9-15 credit hours at a local community college for the scholarship employee.  
 Provide paid release time each week for my scholarship employee. The amount of release time is equal to the number of credit hours the employee is taking up to a maximum of six hours per week. Release time will be provided when the college is in session.  
 At the end of the contract upon completion of 9-15 credit hours issue a 3% raise.
  
- Teacher - Option 1- B (Large Raise Option)**  
 Pay 5% of the cost of tuition for courses totaling 13-15 credit hours at a local community college for the scholarship employee.  
 Provide paid release time each week for my scholarship employee. The amount of release time is equal to the number of credit hours the employee is taking up to a maximum of six hours per week. Release time will be provided when the college is in session.  
 At the end of the contract upon completion of 13-15 credit hours issue a 4% raise.
  
- Teacher - Option 2- A (Small Bonus Option)**  
 Pay 5% of the cost of books and 5% of the tuition for courses totaling 9-15 credit hours at a local community college for the scholarship employee.  
 Provide three hours per week of paid release time when the college is in session regardless of the number of courses taken.  
 At the end of the contract upon completion of 9-15 credit hours, award a \$200 bonus in two installments.
  
- Teacher - Option 2- B (Large Bonus Option)**  
 Pay 5% of the cost of books and 5% of the tuition for courses totaling 13-15 credit hours at a local community college for the scholarship employee.  
 Provide three hours per week of paid release time when the college is in session regardless of the number of courses taken.  
 At the end of the contract upon completion of 13-15 credit hours, award a \$350 bonus in two installments.

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

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

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**9. CENTER PARTICIPATION AGREEMENT FOR ECE ASSOCIATE GRADUATES COLLEGE TRANSFERS**

Please attach a copy of the applicant’s diploma or other proof of completion of their Early Childhood Education Associate Degree

This agreement must be completed by the center director for teachers, owner or board chairperson for directors. *Family Child Care Home owners will sign for themselves based on the terms for Family Based Professionals.*

The T.E.A.C.H. Early Childhood Associate Degree Program offered through Child Care Services Association requires the participation of each scholarship recipient’s employing child care center. In the event that *(Applicant Name)* \_\_\_\_\_ is awarded a scholarship, I understand that *(Center Name)* \_\_\_\_\_ (or I as a family home provider) agree(s) 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 12-15 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 courses totaling 12-15 semester hours at a local community college for the scholarship recipient.
- Teacher - Option 1**  
 Pay 5% of the cost of tuition for courses totaling 9-15 credit hours at a local community college for the scholarship employee.  
 Provide paid release time each week for my scholarship employee. The amount of release time is equal to the number of credit hours the employee is taking up to a maximum of six hours per week. Release time will be provided when the college is in session.  
 At the end of the contract upon completion of 9-15 credit hours issue a 3% raise.
- Teacher - Option 2**  
 Pay 5% of the cost of books and 5% of the tuition for courses totaling 9-15 credit hours at a local community college for the scholarship employee.  
 Provide three hours per week of paid release time when the college is in session regardless of the number of courses taken.  
 At the end of the contract upon completion of 9-15 credit hours, award a \$200 bonus in two installments.
- Family Based Professionals**  
 Pay 5% of the cost of tuition and books for courses totaling 9-15 semester hours at my local community college  
 Complete 9-15 semester hours in Early Childhood Education during a 12 month period  
 Continue the operation of my family child care home for one year after completion of the course requirements

Please print name of director, chairperson/owner,  
or family child care home owner

\_\_\_\_\_

Signature of director, chairperson/owner, or family  
child care home owner

\_\_\_\_\_

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**10. CENTER PARTICIPATION AGREEMENT FOR PART DAY LICENSED PRESCHOOL AND SCHOOL AGE PROGRAMS**

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

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Pay 5% of the cost of books and 5% of the tuition for 4-6 semester hours at a local community college for the scholarship employee

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

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

**11. 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

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## 12. 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

## 13. APPLICATION CHECKLIST

### For All Applicants

Verification of Income

Form W-9

Proof of Identity – Social Security Card

### For Associate Graduate College Transfer Applicants (Additional Information)

Proof of Early Childhood Associate Degree

### For All Employers

IRS Letter with Tax Identification Number

Form W-9



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