



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



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

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

* 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
- 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 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

Are you an Early Childhood Apprentice? *This scholarship model is only available to ECE Apprentices*

Yes No

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

- Infants (0-12 Months)
- Toddler (13-36 Months)
- Preschool (37 Months – PreK)
- School Age

Is your center enrolled in a formal Apprenticeship Program Yes No

If yes, what is the name of the apprenticeship program? _____

How long have you worked as an apprentice?

- Less than 6 months
- 6 months-1 Year
- 1-2 Years
- 2+ 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 apprenticeship 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. CENTER PARTICIPATION AGREEMENT FOR EARLY CHILDHOOD APPRENTICES

Please include a copy of the facility's Form W-9, IRS letter including the Tax ID Number and proof of enrollment in a registered Apprenticeship Program. Consideration may be made for employers not currently enrolled in a registered apprenticeship program.

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

The T.E.A.C.H. Early Childhood® Associate Degree for Early Childhood Apprentices 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 way.

___ Early Childhood Apprentices (working at least 30 hours per week in licensed program)

Provide three hours of paid release time each week for my scholarship employee. Release time will be provided when the college is in session and will be reimbursed by T.E.A.C.H. at the rate of \$15.00 per hour.

At the end of the contract upon completion of 9-15 credit hours issue a \$100 bonus.

Please print name of director or chairperson/owner _____

Signature of director or chairperson/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

- Head Start
- Early Head Start
- State Head Start

- State PreK
- Title I
- IDEA

- State Subsidies: Contracts
- State Subsidies: Vouchers
- 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: _____

Center Auspice: _____

Center Star Rating: _____

Is your Center accredited: _____

If yes by whom? _____

Licensed for

- Profit
- 1 2
- Yes

Enrolled

- Nonprofit
- 3 4 No

- Head Start
- 5 GS110



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5. 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® Scholarship Program North Carolina for the monetary support that was received in error.

Signature of Applicant

Date

6. 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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7. 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

8. APPLICATION CHECK LIST

For All Applicants

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

For All Employers

- IRS Letter with Tax Identification Number
- Form W-9
- Proof of participation in a registered Apprenticeship program (if applicable)

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