



## T.E.A.C.H. Early Childhood® Bachelor's Plus Scholarship Program



Child Care Services Association is excited to announce that it's T.E.A.C.H. Early Childhood® Scholarship Program will continue to include support for graduate level programming. In addition to B-K licensure, the T.E.A.C.H. Early Childhood® Bachelor's Plus Scholarship supports coursework offered through additional types of early childhood focused licensure, certificate and Master's degree programs.

The T.E.A.C.H. Early Childhood® Bachelor's Plus Scholarship provides financial support and incentives to eligible early childhood educators, administrators and specialists who are pursuing specialized educational and leadership opportunities offered at approved in-state universities. Three options exist for participation that are based on the applicant's role and type of employment setting.

### Option 1: For early childhood educators who teach young children in a licensed facility or who are a center director in a licensed facility

- Early childhood educators working directly with young children in a licensed facility (home or center), will receive T.E.A.C.H. scholarship support for 90% of tuition and book costs, paid release time, a travel stipend and a compensation award for the successful completion of each course leading to the attainment of an early childhood focused license, certificate or Master's Degree. A retention commitment is required.
- Early childhood center directors working in licensed centers serving young children will receive T.E.A.C.H. scholarship support for 90% of tuition and book costs, a travel stipend and a compensation award for the successful completion of each course leading to the attainment of an early childhood focused license, certificate or Master's Degree. A retention commitment is required.

### Option 2: For early childhood educators or administrators who are employed in a licensed facility that lacks the financial capacity to sponsor them on Option 1.

### Option 3: For system specialists who support early childhood educators or families with young children

- Early education specialists working on behalf of early childhood educators and the families with children they care for, will receive a \$1,000 stipend through T.E.A.C.H. for each course needed to earn an early childhood focused license, certificate of Master's degree, a compensation award for successful completion of each course and the opportunity to have a flexible work schedule. A retention commitment is required.

## T.E.A.C.H. Scholarship Applicant Eligibility Criteria

To be eligible for the T.E.A.C.H. Early Childhood® Bachelor's Plus Scholarship, all applicants MUST meet the following criteria:

- Be employed for a minimum of 30 hours per week in a licensed facility or home as an early childhood educator caring for young children OR as a director of a licensed facility that cares for young children OR be performing a specialized function within the early care and education system
- Be already admitted to an approved in-state university graduate program.
- Be able to demonstrate a strong commitment and emerging leadership skills to the field of early education
- Receive approval or sponsorship from the employing program or organization, if applicable.
- Submit the **Intent to Apply Form to Child Care Services Association** for the T.E.A.C.H. Early Childhood® Bachelor's Plus Scholarship Program
- Complete and submit the T.E.A.C.H. Early Childhood® Bachelor's Plus scholarship application packet to Child Care Services Association.

Applications for this scholarship can be found at the appropriate link below:

[https://www.childcareservices.org/wp-content/uploads/TEACH\\_pkt\\_BA-Plus-02.26.21.pdf](https://www.childcareservices.org/wp-content/uploads/TEACH_pkt_BA-Plus-02.26.21.pdf)



# T.E.A.C.H. Early Childhood® Bachelor's Plus Scholarship Program Intent to Apply for Scholarship Form



I am interested in applying for a T.E.A.C.H. Early Childhood® North Carolina Scholarship to work toward an early childhood focused license, certificate, or Master's Degree.

By filling out this form, I am agreeing to have someone from T.E.A.C.H. contact me and send information about the scholarship. I also understand that submitting this form in no way guarantees the award of this scholarship to me and that I must fulfill all application requirements.

University Name \_\_\_\_\_

Name of Graduate Program \_\_\_\_\_

First Semester of Enrollment \_\_\_\_\_

**Applicant Contact Information:**

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Current Employer: \_\_\_\_\_

License Number (if applicable): \_\_\_\_\_

\*Please note that in order to be eligible for scholarship you must be working in North Carolina in a licensed ECE setting or working on behalf of young children in early care and education programs supporting children's growth and development, their families and/or their teachers and admitted to the university indicated above.

**More information about scholarships and applications can be found at:**

<https://www.childcareservices.org/programs/teach-north-carolina/apply/>

**or by calling (919) 967-3272**



# T.E.A.C.H. Early Childhood® North Carolina Bachelor's Plus 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 \_\_\_\_\_

### 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 an admission letter from participating university, an education plan, and proof of completed bachelor's degree.

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

- Associate Degree (Major: \_\_\_\_\_)
- Bachelor Degree (Major: \_\_\_\_\_)
- Master's Degree (Major: \_\_\_\_\_)
- Doctorate

Please check the box that best describes your educational goals

- Earn an Early Childhood focused license or certificate
- Earn an Early Childhood focused Master'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 in an Early Childhood Graduate program at a university in North Carolina?  Yes  No

What license or certificate are you pursuing? (if applicable) \_\_\_\_\_  
 When would you like your scholarship to begin?  Fall  Spring  Summer (year) \_\_\_\_\_

Which of the participating universities would/do you attend? (Some universities may only be offering B-K licensure programs)

- Appalachian State
- Barton College
- Brevard College
- Catawba College
- East Carolina University
- Elizabeth City State University
- Fayetteville State University
- Gardner-Webb University
- Greensboro College
- North Carolina A & T University
- North Carolina Central University
- Shaw University
- University of Mount Olive
- University of North Carolina at Chapel Hill
- University of North Carolina at Charlotte
- University of North Carolina at Greensboro
- University of North Carolina at Pembroke
- University of North Carolina at 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

Describe your professional goals in early childhood education and how licensure/certification will help you reach them. (please attach additional sheet if you need more space)

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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



**3. CENTER OWNER/FAMILY BASED PROFESSIONAL MONTHLY INCOME WORKSHEET**

Instructions: This sheet will help you determine your monthly earnings from your licensed facility/family child care home. For each question, use the amount you made or spent last month. Special instructions are in italics.

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 childcare 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)** [ ]

minus
 
 equals

Revenue (line 5)                      Expenses (line 14)                      Monthly Earnings

**4. STATEMENT OF INCOME**

**Center based employees OR employees in an early childhood focused organization**  
 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) \$ \_\_\_\_\_

**5. EMPLOYMENT STATUS**

**For Facility Based Early Childhood Professionals**

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?

\_\_\_\_\_

**For Non-Facility Based Early Childhood Professionals**

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)

\_\_\_\_\_

**6. 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

**7. RECIPIENT PARTICIPATION AGREEMENT**

During the course of my contract I agree to remain employed with my sponsoring child care program for a minimum of 30 hours per week while completing 9-15 credit hours. I am also willing to continue to work at my sponsoring center for one year, OR the early education field for an additional year, after completing 9-15 credit hours in one contract year.

\_\_\_\_\_  
(signature of applicant)



**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)



**8. EMPLOYER PARTICIPATION AGREEMENT**

Please include a copy of the facility's Form W-9 and IRS letter including the Tax ID Number (Not required for non-facility based employers).

This agreement must be completed by the center director for teachers, the center owner or board chairperson for directors, or an authorized representative of the early education organization.

The T.E.A.C.H. Early Childhood Bachelor's Plus Scholarship offered through Child Care Services Association requires the participation or signature of each scholarship recipient's employing early childhood center/organization. In the event that *(Applicant Name)* \_\_\_\_\_ is awarded a scholarship, I understand that *(Center/Agency Name)* \_\_\_\_\_ agrees to participate in one of the following ways. (Please check one to indicate which applicable option you prefer)

**Option 1:**

- Director** is employee of center. *Option 1*  
Pay 5% of the cost of books and 5% of the tuition for 9-15 semester hours at a local university for the scholarship employee  
At the end of the contract term, upon completion of 9-15 semester hours, award a \$150 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 9-15 semester hours at a local university for the scholarship recipient.
- Teacher**  
Pay 5% of the cost of books and 5% of the tuition for courses totaling 9-15 credit hours at a local university for the scholarship employee.  
Provide three hours per week of paid release time when the university is in session.  
At the end of the contract upon completion of 9-15 credit hours, award a \$150 bonus in two installments.

\_\_\_\_\_  
Signature                      Date

**Option 2:**

- The licensed facility lacks the financial capacity to sponsor the above-named applicant on the Bachelor's Plus Scholarship Program and understand that the recipient is not obligated to complete commitment at the facility.

\_\_\_\_\_  
Signature                      Date

**Option 3:**

- The sponsoring agency agrees to participate by providing a flexible work schedule each semester the recipient is on scholarship.

\_\_\_\_\_  
Signature                      Date

Print name of authorized center/agency representative \_\_\_\_\_

Program License or Registration Number (if applicable) \_\_\_\_\_

Center/Agency Name \_\_\_\_\_

Center/Agency 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:



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**FOR ALL LICENSED PROGRAMS**

Number of children: \_\_\_\_\_ Licensed for \_\_\_\_\_

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? \_\_\_\_\_

**9. 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

**10. APPLICATION CHECKLIST**

**For All Applicants**

- Verification of Income
- Acceptance Letter from University
- Proof of Identity – Social Security Card
- Proof of Bachelor's Degree
- Education Plan
- Form W-9

**For All Licensed Facilities**

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



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