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:

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Social Security #</th>
</tr>
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<tbody>
<tr>
<td>Name</td>
<td>Preferred Name</td>
</tr>
<tr>
<td>Address</td>
<td></td>
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<tr>
<td>City, State, Zip</td>
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<tr>
<td>County</td>
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<td>Work: ( )</td>
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<tr>
<td>Email</td>
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<tr>
<td>Date of Birth</td>
<td>(mm/dd/yyyy)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
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</tbody>
</table>

### Ethnicity
Do you consider yourself Latinx?
- [ ] Yes (this includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Spanish)
- [ ] No

Do you consider yourself...

- [ ] White
- [ ] Black or African American
- [ ] Native Hawaiian or Pacific Islander (includes Samoan, Chamorro, or other Pacific Islander)
- [ ] American Indian or Alaska Native
- [ ] Asian (includes Asian Indian, Japanese, Chinese, Korean, Vietnamese, Filipino, or Other Asian)
- [ ] Other: __________

The above information is used for demographic purposes only.

### Language
Please check the box indicating what language(s) you speak fluently (please check all that apply)

- Arabic
- Armenian
- Chinese
- Creole
- English
- French
- Greek
- Hindi
- Japanese
- Korean
- Lao
- Persian
- Polish
- Portuguese
- Russian
- Spanish
- Swahili
- Tagalog
- Thai
- Tribal: ______
- Urdu
- Vietnamese
- Yiddish
- Other: ______

### Household
How many people live in your household? ______ Of those, how many are:
- Your parents? ______
- Siblings? ______
- Spouse or significant other? ______
- Children? ______
- Other? ______

### Education
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

### Program
How did you hear about the T.E.A.C.H. Early Childhood® Scholarship Program?

- Presentation
- Mailing
- College Instructor
- Employer
- Coworker
- 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  □ Specialization: Bi-Lingual (language: ____________)
□ CDA: Preschool  □ North Carolina Issued Credential
□ CDA: Family Child Care Home  □ Post BA (state teaching license)
□ CDA: Home Visitor  □ Not Applicable

Please check the box that best describes your educational history

□ Associate Degree  □ Master’s Degree
(Major: __________________)  (Major: __________________)
□ Bachelor Degree  □ Doctorate
(Major: __________________)

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  □ No
(If applicable)

What is your preferred language for learning?  □ Yes  □ No
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?  □ 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  □ North Carolina Central University
□ Barton College  □ Shaw University
□ Brevard College  □ University of Mount Olive
□ Catawba College  □ University of North Carolina at Chapel Hill
□ East Carolina University  □ University of North Carolina at Charlotte
□ Elizabeth City State University  □ University of North Carolina at Greensboro
□ Fayetteville State University  □ University of North Carolina at Pembroke
□ Gardner-Webb University  □ University of North Carolina at Wilmington
□ Greensboro College  □ Western Carolina University
□ North Carolina A & T 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)

________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________

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)**
   
   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

<table>
<thead>
<tr>
<th>Employer #1</th>
<th>Hours/week</th>
<th>$ per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer #2</td>
<td>Hours/week</td>
<td>$ per</td>
</tr>
</tbody>
</table>

Have you applied for any other financial aid?
   □ Yes □ No

□ PELL Grant □ Longleaf Commitment Grant □ Smart Start Grant □ Scholarships □ Student Loans

Financial Aid #1
Application status □ Awarded □ Denied □ Pending
Date of application

Financial Aid #2
Application status □ Awarded □ Denied □ Pending
Date of application

YOUR TOTAL INCOME $__________

YOUR TOTAL FAMILY INCOME (your spouse included) $__________

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5. EMPLOYMENT STATUS

For Facility Based Early Childhood Professionals

What is your current job title?

- [ ] Teacher
- [ ] Administrator
- [ ] Non-Teaching Professional Staff
- [ ] Assistant Teacher
- [ ] Family Based Professional
- [ ] 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
- [ ] Professional Development Specialist
- [ ] Community College Early Childhood Instructor
- [ ] Early Intervention Specialist
- [ ] Early Childhood Support Staff (please specify)

- [ ] Nutritionist
- [ ] Early Education Specialist
- [ ] Other EC Support Staff
- [ ] 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)

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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:
☐ 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:

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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 CHECK LIST

For All Applicants
- Verification of Income
- Acceptance Letter from University
- Proof of Identity – SocialSecurity Card
- Proof of Bachelor’s Degree
- Education Plan
- Form W-9

For All Licensed Facilities
- IRS Letter with Tax Identification Number
- Form W-9