



TEACH Early Childhood® North Carolina
Early Childhood Administration Credential Scholarship
Program Application for Child Care Center
Directors/Owners



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)

Demographics

Gender _____

Regarding race and ethnicity, I identify as...

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Two or more races |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Middle Eastern or North African | |

The above information on ethnicity and gender are optional and 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 TEACH 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"/> Early Years, Inc. 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"/> CDA: Preschool
<input type="checkbox"/> CDA: Family Child Care Home
<input type="checkbox"/> CDA: Home Visitor | <input type="checkbox"/> Specialization: Bi-Lingual (language: _____)
<input type="checkbox"/> North Carolina Issued Credential
<input type="checkbox"/> Post BA (state teaching license)
<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"/> High school diploma/GED
<input type="checkbox"/> 1-year certificate
<input type="checkbox"/> Associate Degree
(Major: _____) | <input type="checkbox"/> Bachelor Degree
(Major: _____)
<input type="checkbox"/> Masters
(Major: _____)
<input type="checkbox"/> Doctorate |
|---|--|

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 of early childhood coursework must you take to be eligible for the Administration Credential?

What early childhood courses and administration courses have you taken? (Attach additional page if needed)

Which Administration courses must you take to be eligible for the Administration Credential?

- | | |
|---|--|
| <input type="checkbox"/> Early Childhood Administration I
(EDU 261 – 2 credit hours) | <input type="checkbox"/> Early Childhood Administration II
(EDU 262 – 3 credit hours) |
|---|--|

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?

- | | | |
|--|--|---|
| <input type="checkbox"/> Teacher
<input type="checkbox"/> Assistant Teacher | <input type="checkbox"/> Administrator
<input type="checkbox"/> Family Based Professional | <input type="checkbox"/> Non-Teaching Professional Staff
<input type="checkbox"/> 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"/> Toddler (13-36 Months) | <input type="checkbox"/> Preschool (37 Months – PreK)
<input type="checkbox"/> 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?

- | | | | |
|--|------------------------------------|-------------------------------------|------------------------------------|
| <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? _____

Return This Application with Supporting Documents to: TEACH 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.earlyyearsnc.org

4. 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) \$ _____

5. RECIPIENT PERSONAL RESPONSIBILITIES AGREEMENT

This is an agreement between TEACH 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 TEACH 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 specialist. My specialist 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 specialists to forward to the appropriate school. Form B's must be submitted for reimbursement of tuition, books and course access 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 specialist 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 TEACH and/or my college in a timely manner. It is my responsibility to ensure that I am meeting all my obligations.
- _____ Notify TEACH. 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 Early Years, Inc. can provide direct electronic payments for scholarship related claims.

Signature of Applicant

Date

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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 because of false information provided by me, I acknowledge that I will be required to reimburse the TEACH Early Childhood® Scholarship Program North Carolina for the monetary support that was received in error.

Signature of Applicant

Date

7. CENTER PARTICIPATION AGREEMENT

Please include a copy of the facility's Form W-9 and IRS letter including the Tax ID Number.

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

The TEACH Early Childhood® Administration Credential Scholarship offered through Early Years, Inc. 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. *Model One - Option 1*

Pay 5% of the cost of books and 5% of the tuition for courses associated with attaining the Administration Credential, up to a maximum of 12 credit hours

Award a \$150 bonus to the scholarship employee upon completion of the Administration Credential (Director commits to one year of employment in sponsoring center upon completion of scholarship contract)

Director is employee of center. *Model One - Option 2*

Pay 5% of the cost of books and 5% of the tuition for courses associated with attaining the Administration Credential, up to a maximum of 12 credit hours

No center bonus is associated with this option (Director commits to one year of employment in early childhood field, not necessarily in the sponsoring center)

Director is also owner of center. *Model Two*

Pay 5% of the cost of books and 5% of tuition for courses associated with attaining the Administration Credential, up to a maximum of 12 credit hours. (Director commits to one year of employment in the early childhood field upon completion of the scholarship contract.)

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: _____

Licensed for _____

Center Auspice:

Center Star Rating:

Is your Center accredited:

If yes by whom? _____

Profit

1

2

Yes

Enrolled _____

Nonprofit

3

4

No

Head Start

5

GS110

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8. APPLICATION CHECKLIST**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

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