

**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"/> 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

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)

- |   |   |
|---|---|
| <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 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:** 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](http://www.earlyyearsnc.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 TEACH Early Childhood® Associate Degree for Early Childhood Apprentices Program 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 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 TEACH 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

- |   |                                     |   |
|---|-------------------------------------|---|
| <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: \_\_\_\_\_

**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 TEACH 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 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

## 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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