

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...

- | | |
|---|--|
| ☐ American Indian or Alaska Native | ☐ Native Hawaiian or Pacific Islander |
| ☐ Asian | ☐ White |
| ☐ Black or African American | ☐ Two or more races |
| ☐ Hispanic or Latino | ☐ Other: _____ |
| ☐ 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)

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

- | | | |
|---------------------------------------|---|--|
| ☐ Presentation | ☐ College Instructor | ☐ Coworker |
| ☐ Mailing | ☐ Employer | ☐ 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

- | | |
|--|---|
| ☐ 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

- | | |
|---|--|
| ☐ No high school diploma | ☐ Bachelor Degree
(Major: _____) |
| ☐ High school diploma/GED | ☐ Masters
(Major: _____) |
| ☐ 1-year certificate | ☐ Doctorate |
| ☐ Associate Degree
(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

What is your current job title?

- | | | | |
|--|--|--|---|
| ☐ Teacher | ☐ Administrator | ☐ Non-Teaching Professional Staff | ☐ ECE Apprentice |
| ☐ Assistant Teacher | ☐ Family Based Professional | ☐ Non-Teaching Support Staff | |

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

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

Is your center a NC Pre-K site? ☐ Yes ☐ No

Are you a teacher or assistant teacher in an 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? _____

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

4. FAMILY BASED PROFESSIONAL MONTHLY INCOME WORKSHEET

Instructions: This sheet will help you determine your monthly earnings from your family child care home. For each question, use the amount you made or spent last month.

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 child care 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)	minus	Expenses (line 14)	equals	Monthly Earnings (job 1 earnings above)

5. STATEMENT OF INCOME

Please attach a copy of your most recent pay stub here

Employer #1 _____ Hours/week _____ \$ _____ per hour

Employer #2 _____ Hours/week _____ \$ _____ per hour

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) \$ _____

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

6. FACILITY INFORMATION

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
 ☐ 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? If yes, give the parent company name/address: ☐ Yes ☐ No

FOR ALL PROGRAMS

Number of children: _____ Licensed for _____ Enrolled _____

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? _____

7. CENTER PARTICIPATION AGREEMENT FOR FAMILY BASED PROFESSIONALS

The TEACH Early Childhood Associate Degree Program offered through Early Years, Inc. requires the participation of each scholarship recipient. In the event that I (*Applicant Name*) _____ am awarded a scholarship, I agree to the following participation requirements:

– Family Based Professionals

Pay 5% of the cost of tuition and books for courses totaling 9-15 semester hours at my local community college.

Complete 9-15 semester hours in Early Childhood Education during a 12-month period.

Continue the operation of my family child care home for one year after completion of the course requirements.

Please print name of family child care home owner _____

Signature of family child care home owner _____

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

8. CENTER PARTICIPATION AGREEMENT FOR CENTER DIRECTORS AND TEACHERS

The TEACH Early Childhood Associate Degree 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 ways. (Please check one to indicate which applicable option you prefer)

- **Applicant is a Director** and employee of center. **Option 1**
 Pay 5% of the cost of books and 5% of the tuition for 12-15 semester hours at a local community college for the scholarship employee
 At the end of the contract term, upon completion of a minimum of 12 semester hours, award a \$250 bonus to the scholarship employee
- **Applicant is a Director** who also owner of center. **Option 2**
 Pay 5% of the cost of books and 5% of the tuition for courses totaling 12-15 semester hours at a local community college for the scholarship recipient.
- **Applicant is a Teacher or Assistant Teacher - Option 1- A (Small Raise Option)**
 Pay 5% of the cost of tuition for courses totaling 9-15 credit hours at a local community college for the scholarship employee.
 Provide paid release time each week for my scholarship employee. The amount of release time is equal to the number of credit hours the employee is taking up to a maximum of six hours per week. Release time will be provided when the college is in session.
 At the end of the contract upon completion of 9-15 credit hours issue a 3% raise.
- **Applicant is a Teacher or Assistant Teacher - Option 1- B (Large Raise Option)**
 Pay 5% of the cost of tuition for courses totaling 13-15 credit hours at a local community college for the scholarship employee.
 Provide paid release time each week for my scholarship employee. The amount of release time is equal to the number of credit hours the employee is taking up to a maximum of six hours per week. Release time will be provided when the college is in session.
 At the end of the contract upon completion of 13-15 credit hours issue a 4% raise.
- **Applicant is Teacher or Assistant Teacher- Option 2- A (Small Bonus Option)**
 Pay 5% of the cost of books and 5% of the tuition for courses totaling 9-15 credit hours at a local community college for the scholarship employee.
 Provide three hours per week of paid release time when the college is in session regardless of the number of courses taken.
 At the end of the contract upon completion of 9-15 credit hours, award a \$200 bonus.
- **Applicant in Teacher or Assistant Teacher - Option 2- B (Large Bonus Option)**
 Pay 5% of the cost of books and 5% of the tuition for courses totaling 13-15 credit hours at a local community college for the scholarship employee.
 Provide three hours per week of paid release time when the college is in session regardless of the number of courses taken.
 At the end of the contract upon completion of 13-15 credit hours, award a \$350 bonus.

Please print name of director or chairperson/owner _____

Signature of director or chairperson/owner _____

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

9. CENTER PARTICIPATION AGREEMENT FOR ECE GRADUATES/COLLEGE TRANSFERS

Please attach a copy of the applicant's diploma or other proof of completion of their Early Childhood Education Associate Degree. Applicants may be required to provide documentation or reason for enrolling in courses at the community college.

This agreement must be completed by the center director for teachers, owner or board chairperson for directors. *Family Child Care Home owners will sign for themselves based on the terms for Family Based Professionals.*

The TEACH Early Childhood Associate Degree 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)* _____ (or I as a family home provider) agree(s) to participate in one of the following ways. (Please check one to indicate which applicable option you prefer)

- **Applicant is Director or Assistant Director and** is employee of center. *Option 1*
Pay 5% of the cost of books and 5% of the tuition for 12-15 semester hours at a local community college for the scholarship employee
At the end of the contract term, upon completion of a minimum of 12 semester hours, award a \$250 bonus to the scholarship employee.
- **Applicant is Director** who also owner of center. *Option 2*
Pay 5% of the cost of books and 5% of the tuition for courses totaling 12-15 semester hours at a local community college for the scholarship recipient.
- **Applicant is Teacher or Assistant Teacher - Option 1 Raise Option**
Pay 5% of the cost of tuition for courses totaling 9-15 credit hours at a local community college for the scholarship employee.
Provide paid release time each week for my scholarship employee. The amount of release time is equal to the number of credit hours the employee is taking up to a maximum of six hours per week. Release time will be provided when the college is in session.
At the end of the contract upon completion of 9-15 credit hours issue a 3% raise.
- **Applicant is Teacher or Assistant Teacher - Option 2 Bonus Option**
Pay 5% of the cost of books and 5% of the tuition for courses totaling 9-15 credit hours at a local community college for the scholarship employee.
Provide three hours per week of paid release time when the college is in session regardless of the number of courses taken. At the end of the contract upon completion of 9-15 credit hours, award a \$200 bonus.
- **Applicant is a Family Based Professionals**
Pay 5% of the cost of tuition and books for courses totaling 9-15 semester hours at my local community college
Complete 9-15 semester hours in Early Childhood Education during a 12 month period
Continue the operation of my family child care home for one year after completion of the course requirements

Please print name of director, chairperson/owner,
or family child care home owner

Signature of director, chairperson/owner, or family
child care home owner

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

10. 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. Pre-authorization 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 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 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 of 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

11. 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

12. 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

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