TEACH Early Childhood® North Carolina Quick Start/Final Step Associate Degree Scholarship Program

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
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Two or more races
- ☐ Other: _____

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
- ☐ Armenian
- ☐ Chinese
- ☐ Creole
- ☐ English
- ☐ French
- ☐ Greek
- ☐ Hindi
- ☐ Japanese
- ☐ Korean
- ☐ Lao
- ☐ Persian
- ☐ Polish
- ☐ Portuguese
- ☐ Russian
- ☐ Spanish
- ☐ Swahili
- ☐ Tagalog
- ☐ Thai
- ☐ Tribal: _____
- ☐ Urdu
- ☐ Vietnamese
- ☐ Yiddish
- ☐ 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
- ☐ Mailing
- ☐ College Instructor
- ☐ Employer
- ☐ Coworker
- ☐ 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
☐ 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

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

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 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 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) $_____

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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
☐ 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? 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

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 director, owner or board chairperson.

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 the following ways.

___ Full Time Applicants (working at least 30 hours per week in licensed program)

Pay 5% of the cost of tuition for courses up to 7 credit hours at a local community college for the scholarship employee.

Provide three hours of paid release time each week for my scholarship employee. Release time will be provided when the college is in session.

At the end of the contract upon completion of 6 credit hours issue a $50 bonus.

___ Part Time Applicants (working less than 30 hours week in licensed Part Day programs)

Pay 5% of the cost of tuition and books for courses up to 7 credit hours at a local community college for the scholarship employee.

At the end of the contract upon completion of 4-7 credit hours issue a $50 bonus.

Please print name of director or chairperson/owner _____

Signature of director or chairperson/owner _____

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8. 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 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

9. 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

10. 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

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