

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)

Driver's License# _____

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.**

Relative not living with you

Name _____

Address _____

City, State, Zip _____

County _____

Phone Number

Home: ()

Work: ()

Relationship _____

2. EDUCATION INFORMATION

Please attach a copy of your transcript(s) and an acceptance letter from community college.

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 ChildCare Home

CDA: Home Visitor

Not applicable

Specialization:Bi-Lingual

(language:_____)

North Carolina Issued Credential

Post BA (state teaching license)

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

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 have you completed?

How many credits do you have remaining to complete your degree?

What is your expected graduation date?(mm/dd/yyyy)

When would you like your scholarship to begin?

Fall

Spring

Summer

(year) _____

What is your preferred language for learning?

What North Carolina community college would/do you attend?

(Do not abbreviate)

Are you currently enrolled in an Early Childhood Associate degree program?

Yes

No

Do you have a desktop computer/laptop/tablet?

Yes

No

Do you have internet access?

Yes

No

3. FINANCIAL AID

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

Return This Application along 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. EMPLOYMENT HISTORY

Employment Experience - include paid and volunteer experience starting with most recent				
Name of employer/agency	From/To (mm/dd/yyyy)	Position held	Reason for leaving?	Duties (brief description)

5. EMPLOYMENT STATUS

Please attach a current paystub or income statement (if employed)

Program License or Registration Number _____
 Center Name _____
 Center Address (city, state, zip, county) _____
 Email Address _____
 Tax ID Number _____

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) Preschool (37 Months – PreK)
 Toddler (13-36 Months) 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? _____

Participation Agreement

I am aware that if I receive this award, I will be expected to work in a licensed childcare setting serving subsidizes and/ or at-risk children in North Carolina for six months for each semester of the award. If I am unable to complete this commitment, I will repay the full amount of the award, plus 10% interest.

Signature of Applicant

Date

Return This Application along 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. 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 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 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 (if applicable). He/She is just a phone call or email away and can answer many questions.
- _____ Submit my signed Pre-Authorization Request Form with a copy of my schedule each semester. Pre-Authorization Request forms are required and must be submitted every semester.
- _____ Contact my scholarship specialist regarding any changes to my employment (if applicable) 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.
- _____ 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

7. 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

8. APPLICATION CHECKLIST

For All Applicants

- Verification of Income
- Proof of Identity – Social Security Card
- Form W-9
- Acceptance letter from Community College

Return This Application along 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