



TEACH Early Childhood® Bachelor's Plus Scholarship Program



Early Years, Inc. has expanded scholarship offerings to support more graduate level programming. In addition to B-K licensure, the TEACH Early Childhood® Bachelor's Plus Scholarship supports coursework offered through additional types of early childhood focused licensure, certificate and master's degree programs.

The TEACH Early Childhood® Bachelor's Plus Scholarship provides financial support and incentives to eligible early childhood educators, administrators and specialists who are pursuing specialized educational and leadership opportunities offered at approved in-state universities. Three options exist for participation that are based on the applicant's role and type of employment setting.

Option 1: For early childhood educators who teach young children in a licensed facility or who are a center director in a licensed facility

- Early childhood educators working directly with young children in a licensed facility (home or center), will receive TEACH scholarship support for 90% of tuition and book costs, paid release time, an access stipend and a compensation award for the successful completion of 9-15 credit hours leading to the attainment of an early childhood focused license, certificate or master's degree. A retention commitment to employer is required.
- Early childhood center directors working in licensed centers serving young children will receive TEACH scholarship support for 90% of tuition and book costs, an access stipend and a compensation award for the successful completion of 9-15 credit hours leading to the attainment of an early childhood focused license, certificate or master's degree. A retention commitment to employer is required.

Option 2: For early childhood educators or administrators who are employed in a licensed facility that lacks the financial capacity to sponsor them on Option 1.

- Early childhood educators working directly with young children in a licensed facility (home or center) and/or center directors working in licensed centers serving young children will receive a capped scholarship award of \$1250 per semester for up to 5 semesters for enrollment in 6 credit hours leading to the attainment of a post-BA early childhood focused license, certificate or master's degree. A bonus is awarded after the completion of 12 credit hours. A retention commitment to the field is required.

Option 3: For system specialists who support early childhood educators or families with young children

- Early education specialists working on behalf of early childhood educators, children or families with young children, will receive a \$1,000 stipend through TEACH for each course needed to earn an early childhood focused license, certificate, or master's degree, a compensation award for successful completion of 9-18 credits per year and the opportunity to have a flexible work schedule. A retention commitment to the field is also required.

TEACH Scholarship Applicant Eligibility Criteria

To be eligible for the TEACH Early Childhood® Bachelor's Plus Scholarship, all applicants MUST meet the following criteria:

- Be employed for a minimum of 30 hours per week in a licensed facility or home as an early childhood educator caring for young children **OR** as a director of a licensed facility that cares for young children **OR** be performing a specialized function within the early care and education system.
- Be already admitted to an approved in-state university graduate program.
- Be able to demonstrate a strong commitment and emerging leadership skills to the field of early education.
- Receive approval or sponsorship from the employing program or organization, if applicable.
- Submit the **Intent to Apply Form to Early Years, Inc.** for the TEACH Early Childhood® Bachelor's Plus Scholarship Program to determine if your program study is eligible.
- Complete and submit the TEACH Early Childhood® Bachelor's Plus scholarship application packet to Early Years. Inc.



TEACH Early Childhood® Bachelor's Plus Scholarship Program - Intent to Apply for Scholarship Form



I am interested in applying for a TEACH Early Childhood® North Carolina Scholarship to work toward an early childhood focused license, certificate, or master's degree.

By filling out this form, I am agreeing to have someone from TEACH contact me and send information about the scholarship. I also understand that submitting this form in no way guarantees the award of this scholarship to me and that I must fulfill all application requirements.

University Name _____

Name of Graduate Program _____

First Semester of Enrollment _____

Applicant Contact Information:

Name: _____

Mailing address: _____

Email address: _____

Phone Number: _____

Current Employer: _____

License Number (if applicable): _____

*Please note that to be eligible for scholarship you must be working in North Carolina in a licensed ECE setting or working on behalf of young children in early care and education programs supporting children's growth and development, their families and/or their teachers and admitted to the university indicated above.

More information about scholarships and applications can be found at:

<https://www.earlyyearsnc.org/programs/teach-north-carolina/apply/> or by calling

(919) 967-3272



TEACH Early Childhood® North Carolina Bachelor's Plus Scholarship Program Application



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?
 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

Please include an admission letter from participating university, an education plan, and proof of completed bachelor's degree.

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"/> Associate Degree
(Major: _____) | <input type="checkbox"/> Masters
(Major: _____) |
| <input type="checkbox"/> Bachelor's Degree
(Major: _____) | <input type="checkbox"/> Doctorate |

Please check the box that best describes your educational goals

- Earn an Early Childhood focused license or certificate
 Earn an Early Childhood focused Master'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 in an Early Childhood Graduate program at a university in North Carolina? Yes No

What license or certificate are you pursuing? (if applicable)

When would you like your scholarship to begin? Fall Spring Summer _____
(year)

Which of the participating universities would/do you attend? (Some universities may only be offering B-K licensure programs)

- | | |
|--|--|
| <input type="checkbox"/> Appalachian State | <input type="checkbox"/> North Carolina Central University |
| <input type="checkbox"/> Barton College | <input type="checkbox"/> Shaw University |
| <input type="checkbox"/> Brevard College | <input type="checkbox"/> University of Mount Olive |
| <input type="checkbox"/> Catawba College | <input type="checkbox"/> University of North Carolina at Chapel Hill |
| <input type="checkbox"/> East Carolina University | <input type="checkbox"/> University of North Carolina at Charlotte |
| <input type="checkbox"/> Elizabeth City State University | <input type="checkbox"/> University of North Carolina at Greensboro |
| <input type="checkbox"/> Fayetteville State University | <input type="checkbox"/> University of North Carolina at Pembroke |
| <input type="checkbox"/> Gardner-Webb University | <input type="checkbox"/> University of North Carolina at Wilmington |
| <input type="checkbox"/> Greensboro College | <input type="checkbox"/> Western Carolina University |
| <input type="checkbox"/> North Carolina A & T University | <input type="checkbox"/> Winston Salem State University |

Do you have a desktop computer/laptop/tablet? Yes No

Do you have internet access? Yes No

Describe your professional goals in early childhood education and how licensure/certification will help you reach them.
(please attach additional sheet if you need more space)

3. CENTER OWNER/FAMILY BASED PROFESSIONAL MONTHLY INCOME WORKSHEET

Instructions: This sheet will help you determine your monthly earnings from your licensed facility/family child care home. For each question, use the amount you made or spent last month. Special instructions are in italics.

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 childcare 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

4. STATEMENT OF INCOME

Center based employees OR employees in an early childhood focused organization, 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) \$ _____

3. EMPLOYMENT STATUS

For Facility Based Early Childhood Professionals

What is your current job title?

- Teacher Administrator Non-Teaching Professional Staff
 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? _____

For Non-Facility Based Early Childhood Professionals

What is your current job title? (please attach formal job description)

- Head Start Home Visitor (please select program)
 Early Head Start Home Visitor
 Parents as Teachers
 Nutritionist
 Technical Assistant Specialist
 Nurse Educators
 Professional Development Specialist
 Community College Early Childhood Instructor
 Other EC Support Staff (please specify)
 Early Intervention Specialist
 DCDEE Regulatory Staff

How long have you worked in the field of early care and education?

- Less than 2 Years 2-5 Years 6-10 Years 10+Years

Beginning date of employment at current agency? (mm/dd/yyyy) _____

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 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

7. RECIPIENT PARTICIPATION AGREEMENT

During the course of my contract, I agree to remain employed with my employer for a minimum of 30 hours per week while participating on the scholarship. I am also willing to continue to work at my sponsoring employer OR the early education field for the specified commitment period after completing the educational requirement and award of compensation (if applicable).

(signature of applicant)

TEACH Early Childhood® North Carolina:
P.O. Box 231 Chapel Hill, NC 27514
Phone (919) 967-3272 or fax (919) 967-7040
email: teachnc@earlyyearsnc.org webpage: www.earlyyearsnc.org

8. EMPLOYER PARTICIPATION AGREEMENT

Please include a copy of the facility's Form W-9 and IRS letter including the Tax ID Number (Not required for non-facility based employers).

This agreement must be completed by the center director for teachers, the center owner or board chairperson for directors, or an authorized representative of the early education organization.

The TEACH Early Childhood Bachelor's Plus Scholarship offered through Early Years, Inc. requires the participation or signature of each scholarship recipient's employing early childhood center/organization. In the event that (*Applicant Name*)

_____ is awarded a scholarship, I understand that (*Center/Agency Name*) _____ agrees to participate in one of the following ways. (Please check one to indicate which applicable option you prefer)

Option 1:

Applicant is Director and an employee of center. *Option 1*

Pay 5% of the cost of books and 5% of the tuition for 9-15 semester hours at a local university for the scholarship employee At the end of the contract term, upon completion of 9-15 semester hours, award a \$150 bonus to the scholarship employee

Applicant is Director is also owner of center. *Option 2*

Pay 5% of the cost of books and 5% of the tuition for courses totaling 9-15 semester hours at a local university for the scholarship recipient.

Applicant is a Teacher or Assistant Teacher

Pay 5% of the cost of books and 5% of the tuition for courses totaling 9-15 credit hours at a local university for the scholarship employee.

Provide three hours per week of paid release time when the university is in session.

At the end of the contract upon completion of 9-15 credit hours, award a \$150 bonus.

Signature Date

Option 2:

The licensed facility lacks the financial capacity to sponsor the above-named applicant on the Bachelor's Plus Scholarship Program and understand that the recipient is not obligated to complete commitment at the facility.

Signature Date

Option 3:

The sponsoring agency of the early care and education community specialist agrees to participate by providing a flexible work schedule each semester the recipient is on scholarship.

Signature Date

Print name of authorized center/agency representative _____

Program License or Registration Number (if applicable) _____

Center/Agency Name _____

Center/Agency 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?

Yes

No

If yes, give the parent company name/address:

FOR ALL LICENSED PROGRAMS

Number of children: _____ Licensed for _____ Enrolled _____

Center Auspice: Profit Nonprofit Head Start

Center Star Rating: 1 2 3 4 No 5 GS110

Is your Center accredited: Yes

If yes by whom? _____

9. 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 counselors 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

10. APPLICATION CHECK LIST

For All Applicants

- Verification of Income
- Acceptance Letter from University
- Proof of Identity – Social Security Card
- Proof of Bachelor's Degree
- Education Plan
- Form W-9

For All Licensed Facilities

- IRS Letter with Tax Identification Number
- Form W-9