

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
(Major: _____) |
| <input type="checkbox"/> High school diploma/GED | <input type="checkbox"/> Masters
(Major: _____) |
| <input type="checkbox"/> 1-year certificate | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> Associate Degree
(Major: _____) | |

Please check the box that best describes your educational goals

- Earn a Bachelor's Degree in Early Childhood
 Earn a Birth-Kindergarten License

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 Degree program at a university in North Carolina? Yes No

If yes, which degree are you working on?

- | | |
|--|--|
| <input type="checkbox"/> Child Development | <input type="checkbox"/> Birth-Kindergarten Teaching Certification |
| <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Other (Please Specify Major) |

How far have you progressed toward your degree?

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

Which of the participating universities would/do you attend?

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

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

Participation Agreement

I am aware that I may be required to pay a portion (5%) of the cost of tuition and books for courses leading to a Bachelor's Degree. I am also willing to continue to work at my sponsoring center for one year, and in the early childhood field for an additional year, after completing 9-12 credit hours in one contract year.

(signature of applicant)

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

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?

4. CENTER OWNER/FAMILY BASED PROFESSIONAL MONTHLY INCOME WORKSHEET

Instructions: This sheet will help you determine your monthly earnings from your childcare program if you are an owner that does not draw a paycheck or operating a 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:

1. Food
2. Toys
3. Assistant/Substitute Care
4. Crafts/Supplies
5. Transportation (\$0.25/mile)
6. Training Fees
7. Gifts for Children/Families
8. Other (specify)
9. **Total monthly expenses (add lines 6-13)**

_____ - _____ = _____
 Revenue (line 5) minus Expenses (line 14) equals Monthly Earnings (job 1 earnings above)

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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) \$ _____

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? _____

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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 for teachers, and the center owner or board chairperson for directors.

The TEACH Early Childhood Bachelor's 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, Assistant Director and** is employee of center. *Option 1*
Pay 5% of the cost of books and 5% of the tuition for 9-15 semester hours at an approved in-state university for the scholarship employee.
At the end of the contract term, upon completion of a minimum of 9 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 9-15 semester hours at an approved in-state university.
- **Applicant is Teacher or Assistant Teacher - Option 1 Raise Option**
Pay 5% of the cost of tuition for courses totaling 9-15 credit hours an approved in-state university 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 4% raise. This raise is above and beyond any other expected 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 an approved in-state university 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 \$250 bonus.
- **Applicant is a Family Based Professional**
Pay 5% of the cost of tuition and books for courses totaling 9-15 semester hours at an approved in-state university.
Complete 9-15 semester hours towards ECE degree 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

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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 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 because 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

- | | | |
|---|---|---|
| <input type="checkbox"/> Verification of Income | <input type="checkbox"/> Form W-9 | <input type="checkbox"/> Proof of Identity – Social Security Card |
| <input type="checkbox"/> Transcript/transcript evaluation * | <input type="checkbox"/> Admission Letter from University | |

***Must have at 55 transferable credit hours**

For All Employers

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> IRS Letter with Tax Identification Number | <input type="checkbox"/> Form W-9 |
|--|-----------------------------------|

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