

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

Please include an admission letter from participating university as well as a transcript from a four-year college/university or a transcript evaluation showing at least 55 hours of transferrable credit.

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 howmany? ____ No

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?

- Child Development Birth-Kindergarten Teaching Certification
 Early Childhood Education Other (Please Specify Major)

What is your preferred language for learning?

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 during the course of my contract I am required to remain employed with my sponsoring child care program for a minimum of 10 hours per week while performing the student teaching requirement. I am also willing to continue to work at my sponsoring center for six months, and in the early childhood field for an additional 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
 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? _____

4. STATEMENT OF INCOME

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) \$ _____

5. 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

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6. 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 Practicum Only Scholarship 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.

- Complete and return claim forms for reimbursement of substitute care during the practicum semester by the 10th of each month, or by the end of the semester.
- Notify Early Years, Inc. within 10 days of any changes in the scholarship recipient's employment status.
- Provide Early Years, Inc. with demographic information about the center to satisfy reporting requirements to granting agencies.
- Submit all term claims within 30 days after the close of each semester.

Please print name of director or chairperson/owner _____

Signature of director or chairperson/owner _____

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
- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Head Start | <input type="checkbox"/> State PreK | <input type="checkbox"/> State Subsidies: Contracts |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> Title I | <input type="checkbox"/> State Subsidies: Vouchers |
| <input type="checkbox"/> State Head Start | <input type="checkbox"/> IDEA | <input type="checkbox"/> 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 PROGRAMS

Number of children: _____

Center Auspice: Licensed for 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. 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 specialist 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

8. APPLICATION CHECK LIST

For All Applicants

- | | |
|--|---|
| <input type="checkbox"/> Verification of Income | <input type="checkbox"/> Proof of Identity – Social Security Card |
| <input type="checkbox"/> Proof of admission to partnering college/university | <input type="checkbox"/> Proof of student teaching registration |
| | <input type="checkbox"/> Form W-9 |

For All Employers

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> IRS Letter with Tax Identification Number | <input type="checkbox"/> Form W-9 |
| <input type="checkbox"/> Release Time Plan during student teaching | |

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