TEACH Early Childhood® North Carolina Birth-Kindergarten Licensure Practicum Only 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…

- ☐ 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

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

Are you currently enrolled in an Early Childhood Degree program at a university in North Carolina? ☐ Yes ☐ No

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?

☐ Appalachian State
☐ Barton College
☐ Brevard College
☐ Catawba College
☐ East Carolina University
☐ Elizabeth City State University
☐ Fayetteville State University
☐ Gardner-Webb University
☐ Greensboro College
☐ North Carolina A & T University
☐ North Carolina Central University
☐ Shaw University
☐ University of Mount Olive
☐ University of North Carolina at Chapel Hill
☐ University of North Carolina at Charlotte
☐ University of North Carolina at Greensboro
☐ University of North Carolina at Pembroke
☐ University of North Carolina at Wilmington
☐ Western Carolina University
☐ Winston Salem 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)

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

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

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 Birth-Kindergarten Licensure 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

☐ 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 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. 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

☐ Verification of Income
☐ Proof of admission to partnering college/university
☐ Proof of Identity – Social Security Card
☐ Proof of student teaching registration
☐ Form W-9

For All Employers

☐ IRS Letter with Tax Identification Number
☐ Release Time Plan during student teaching
☐ Form W-9

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