TEACH Early Childhood® North Carolina
CDA Assessment Scholarship Program
Application For YourCouncil Online Account Users

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 T.E.A.C.H. 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.**

This application must be submitted with ALL supporting documentation.

2. EDUCATION INFORMATION

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

Which certificate did you receive?

- ☐ Center-based infant/toddler program (children up to 36 months)
- ☐ Center-based preschool program (children 3-5 years)
- ☐ Family child care program (small or large child care home)
- ☐ Home visitor program
- ☐ Bilingual Specialization

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? _____

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

3. EMPLOYMENT STATUS

What is your current job title?

- ☐ Teacher
- ☐ Assistant Teacher
- ☐ Administrator
- ☐ Family Based Professional
- ☐ Non-Teaching Professional Staff
- ☐ Non-Teaching Support Staff

What age groups do you teach? *(please check all that apply)*

- ☐ Infants (0-12 Months)
- ☐ Toddler (13-36 Months)
- ☐ Preschool (37 Months – PreK)
- ☐ 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. 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, or the center owner or board chairperson for directors.

The TEACH Early Childhood CDA Assessment scholarship 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 one of the following ways. (Please check one to indicate which applicable option you prefer)

_ **Teachers -** *Option 1*

Participant Agrees to

Pay the cost of the assessment fee upfront and submit receipt for reimbursement

- I, as the recipient, do hereby agree to be held responsible for 15% of the cost of the assessment fee. Initials: _

Commit to remaining in the early childhood field for 3 months after compensation is issued

_ **Teachers -** *Option 2*

Participant Agrees to

Commit to remaining in sponsoring center for 6 months after compensation is issued

Center Agrees to

Pay the cost of assessment fee upfront and submit receipt for reimbursement

- The center will be held responsible for 15% of the cost of the assessment fee.

Retain employment of applicant for duration of commitment period

_ **Family Based Professionals -** *Option 3*

Participant Agrees to

Pay upfront cost for assessment fee and submit receipt for reimbursement

- I, as the recipient, do hereby agree to be held responsible for 15% of the cost of the assessment fee.

Commit to keeping registered Family Child Care Home in operation for 6 months after compensation is issued

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? _____

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

5. CENTER OWNER/FAMILY BASED PROFESSIONAL MONTHLY INCOME WORKSHEET

Instructions: This sheet will help you determine your monthly earnings from your day care center/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 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:

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

6. 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) $_____

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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. The benefit of this scholarship to you comes with various responsibilities.

As a TEACH. Early Childhood® Scholarship Recipient, I will:

_____ Provide proof of payment for the assessment fee (if applicable)

_____ Provide a copy of my CDA certificate

_____ Continue working at sponsoring center or operating family child care home for the duration of my contract and through the commitment period specified above.

_____ Contact my scholarship specialist regarding any changes to my employment. He/She is just a phone call or email away and can answer many questions.

_____ 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. 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® North Carolina Scholarship Program for the monetary support that was received in error.

_____ _____
Signature of Applicant Date

9. APPLICATION CHECK LIST

For All Applicants

☐ Verification of Income ☐ Form W-9 ☐ Proof of Identity – Social Security Card
☐ Copy of receipt from the Council for Professional Recognition confirming payment
☐ Copy of CDA certificate

For All Employers

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

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