



**TEACH Early Childhood® North Carolina  
CDA Certificate Renewal Scholarship Program Application  
For Your Council 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...

- |   |  |
|---|--|
| <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.**

© 04/25 **This application must be submitted with All supporting documentation.**

**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](http://www.earlyyearsnc.org)

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

Which assessment did you renew?

- 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?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Teacher           | <input type="checkbox"/> Administrator             | <input type="checkbox"/> Non-Teaching Professional Staff |
| <input type="checkbox"/> Assistant Teacher | <input type="checkbox"/> Family Based Professional | <input type="checkbox"/> Non-Teaching Support Staff      |

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

- |   |   |
|---|---|
| <input type="checkbox"/> Infants (0-12 Months)  | <input type="checkbox"/> Preschool (37 Months – PreK) |
| <input type="checkbox"/> Toddler (13-36 Months) | <input type="checkbox"/> 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?

- |  |                                    |                                     |                                    |
|--|------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Less than 2 Years | <input type="checkbox"/> 2-5 Years | <input type="checkbox"/> 6-10 Years | <input type="checkbox"/> 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? \_\_\_\_\_

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#### 4. 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)	-	Expenses (line 14)	=	Monthly Earnings
minus			equals	

#### 5. 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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## 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 family home provider, center director for teachers, or the center owner or board chairperson for directors. *(Please check one model to indicate which option you prefer)*

The TEACH Early Childhood CDA Renewal scholarship offered through Early Years, Inc. is a collaboration between TEACH the participant, and the sponsoring 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.

– **Teachers – option 1**

**Participant Agrees to**

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

- The center will be held responsible for 15% of the cost of the renewal fee.
- Retain employment of applicant for duration of commitment period

– **Family Based Professionals**

**Participant Agrees to**

Pay upfront cost for renewal 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 continuing operation of family child care home for 6 months after compensation is issued

Please print name of director, chairperson/owner, or home provider \_\_\_\_\_

Signature of director, chairperson/owner, or home provider \_\_\_\_\_

## 7. 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?  Yes  No

If yes, give the parent company name/address: \_\_\_\_\_

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**FOR ALL PROGRAMS**

Number of children: \_\_\_\_\_  
Center Auspice:  
Center Star Rating:  
Is your Center accredited:  
If yes by whom? \_\_\_\_\_

Licensed for \_\_\_\_\_  
 Profit  
 1       2  
 Yes

Enrolled \_\_\_\_\_  
 Nonprofit  
 3       4       Head Start  
 5       GS110  
 No

**8. 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 certificate renewal fee (if applicable)
- \_\_\_\_\_ Continue working at sponsoring center or operating family child care home at least 20 hours per week for the duration of contract.
- \_\_\_\_\_ Submit a copy of my renewal certificate in a timely manner.
- \_\_\_\_\_ 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

**9. 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

**10. 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 renewed CDA certificate

**For All Employers**

- IRS Letter with Tax Identification Number       Form W-9

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