

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 |

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: _____) | |

When do you intend to apply for your credential renewal? (mm/dd/yyyy)

- Which assessment will 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? _____
 Are you currently enrolled at a North Carolina community college? Yes No
 When would you like your scholarship to begin? Fall Spring Summer (year) _____
 Which community college would you like to attend? (Do not abbreviate) _____

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?
 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 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) \$ _____

6. CENTER PARTICIPATION AGREEMENT

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 Course Only 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.

Center Teachers

Participant Agrees to

- Pay 5% of the cost of tuition and books for a course totaling 3 semester hours at a local community college
- Complete a 3 semester hour course required for CDA renewal
- Commit to remaining at sponsoring center for 3 months after completion of the course
- Notify TEACH upon attainment of the CDA Credential

Center Agrees to

Pay 5% of the cost of tuition and books for a course totaling 3 semester hours at a local community college for the scholarship employee

Family Based Professionals

Participant Agrees to

- Pay 5% of the cost of tuition and books for a course totaling 3 semester hours at a local community college
- Complete a 3 semester hour course required for CDA renewal
- Continue the operation of my family child care home for 3 months after completion of the course
- Notify TEACH upon attainment of the CDA Credential

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

- | | | |
|---|-------------------------------------|---|
| <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: _____ 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? _____

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. 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 specialists to forward to the appropriate school. Form B’s must be submitted for reimbursement of tuition, books and course access claims.
- _____ 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

10. APPLICATION CHECKLIST

For All Applicants

- Verification of Income
- Form W-9
- Proof of Identity – Social Security Card

For All Employers

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

Once all requirements have been met, applications for renewing your CDA certificate can be found within the **CDA Renewal Procedures Guide**. The CDA Renewal Procedures Guide is available online on the Council for Professional Recognition’s website at www.cdacouncil.org, through their YourCouncil system.