

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)

Driver's License# _____

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 |

Name of relative not living with you _____

Address _____

City, State, Zip _____

County _____

Phone Number Home: () Work: ()

Relationship _____

*** 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 attach a copy of your transcript(s) and an acceptance letter from desired community college or university.

Are you CPR/First Aid Certified? Yes No

Please check the box indicating what credentials and specializations you currently hold

- CDA: Infant/Toddler
- CDA: Home Visitor
- North Carolina Issued Credential
- CDA: Preschool
- Specialization: Bi-Lingual
- Post BA (state teaching license)
- CDA: Family Child Care Home (language: _____)
- 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 an Early Childhood or School-Age Credential
- Take a few early childhood courses to obtain or upgrade job-related skills
- Earn an Early Childhood, Infant/Toddler or School-Age Certificate
- Earn an Early Childhood Associate Degree
- Earn an Early Childhood Associate Degree and transfer to a four-year college/university to earn a Bachelor's Degree
- Earn a Bachelor's Degree in Early Childhood
- Earn a Birth-Kindergarten License
- Earn a Master's Degree in Early Childhood Leadership and Management

What is your preferred language for learning

Are you currently enrolled in an Early Childhood Associate Degree program or a child development undergraduate program?

Yes No

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

How many credit hours have you completed?

How many credits do you have remaining to complete your degree?

What is your expected graduation date? (mm/dd/yyyy)

When would you like your scholarship to begin?

Fall Spring Summer (year) _____

Which North Carolina Community College do/would you attend?

(Do not abbreviate)

Which of the participating universities would/do you attend?

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

Do you have a desktop computer/laptop/tablet?

Yes No

Do you have internet access?

Yes No

3. STATEMENT AND SIGNATURE OF APPLICANT

I, _____ (applicant's name), attest that the information provided on this application and the supporting documentation listed on the application checklist is true to the best of my knowledge. I understand that falsifying this information or the failure to comply with 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 eligibility 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 for the monetary support that was received in error.

Signature of Applicant _____

Date _____

Return This Application along 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

4. 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. Pre-authorization forms must be submitted in time for scholarship specialists to forward to the appropriate school or request you capped award.
- _____ 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 T.E.A.C.H. 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

5. EMPLOYMENT HISTORY

Employment Experience - include paid and volunteer experience starting with most recent				
Name of employer/agency	From/To (mm/dd/yyyy)	Position held	Reason for leaving?	Duties (brief description)

6. EMPLOYMENT STATUS

What is your current job title?

- Teacher Administrator Non-Teaching Professional Staff ECE Apprentice
 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? _____

7. 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) \$ _____

8. RECIPIENT TESTAMENT AND AGREEMENT

Participation Testament

I hereby declare that I would like to participate in the Working Scholars Program in the following way (choose only one):

- _____ Option 1
Complete 1 semester of coursework with a total of 6 credit hours
- _____ Option 2
Complete multiple semesters of coursework

Participation Agreement

I am aware that if I receive this award, I will be expected to work in a North Carolina licensed childcare setting for six months for each semester of the award. If I am unable to complete this commitment for any semester a capped scholarship was given, I will be required to repay Early Years, Inc. for each corresponding scholarship award and/or bonus.

Signature of Applicant

Date

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 you have any questions, please call (919) 967-3272 www.earlyyearsnc.org

9. EMPLOYER TESTAMENT AND AGREEMENT

This agreement must be completed by the center director or owner for teachers or administrators.

The TEACH Early Childhood Working Scholars Program offered through Early Years, Inc. is available to center-based teachers or administrators whose employer is unwilling to sponsor them on a comprehensive scholarship. In the event that *(Applicant Name)* _____ is awarded a scholarship, I confirm that *(Center Name)* _____ will **not** sponsor the aforementioned applicant on a comprehensive TEACH Early Childhood® scholarship. By signing this agreement, I also acknowledge my understanding that this individual is not obligated to complete their commitment period at our facility.

Please print name of director or owner _____

Signature of director or 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

Early Head Start

State Head Start

State PreK

Title I

IDEA

State Subsidies: Contracts

State Subsidies: Vouchers

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: _____

Center Star Rating: _____

Is your Center accredited: _____

If yes by whom? _____

Licensed for _____

Profit

1

2

Yes

Enrolled _____

Nonprofit

3

4

No

Head Start

5

GS110

10. APPLICATION CHECKLIST

For All Applicants

Verification of Income

Proof of Identity – Social Security Card

Form W-9

Transcript/transcript evaluation *

Acceptance Letter from University if Bachelor's degree * **Bachelor 's degree applicants must have at least 55 credit hours**