



**TEACH Early Childhood® Leadership in Infant and Toddler Learning
Certificate Scholarship Program Application for Center-Based
Teachers and Directors**



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.**

2. EDUCATION INFORMATION

Please include an admission letter from UNC-Greensboro and a transcript verifying BA degree/ECE coursework

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"/> Bachelors degree in ECE | <input type="checkbox"/> Bachelor degree in Human Development and Family Studies |
| <input type="checkbox"/> Non-ECE Bachelor degree with 12 credits of ECE coursework (Major: _____) | <input type="checkbox"/> Some coursework towards a Master's degree in Child Development |
| | <input type="checkbox"/> Masters (Major: _____) |

Please check the box that best describes your educational goals

- Earn a Master's Degree in Early Childhood Leadership and Management
 Earn a Leadership in Infant and Toddler Learning Post-Baccalaureate Certificate

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 UNC Greensboro?

Yes

No

If yes, which degree are you working on? _____

What is your preferred language for learning? _____

When would you like your scholarship to begin?

Fall Spring Summer _____ (year)

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"/> Assistant Teacher |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Family Based Professional |

What age groups does your facility provide care for? (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

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, owner, or board chair. If applicant is the center director, the owner or board chair must complete.

The TEACH Early Childhood® Leadership in Infant and Toddler Learning Certificate 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. Please check the following option:

– **Applicant is the Director or Assistant Director:**

- Pay 5% of the cost of tuition and books for courses totaling 9-19 credit hours at UNC Greensboro for the scholarship employee.

– **Applicant is Teacher or Assistant Teacher**

- Pay 5% of the cost of tuition and books for courses totaling 9-19 credit hours at UNC Greensboro for the scholarship employee.
- Provide paid release time each week for my scholarship employee. Release time will be provided for 3 hours each week while the university is in session.

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

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: _____

Licensed for _____

Center Auspice:

Profit

Enrolled _____

Nonprofit

Head Start

Center Star Rating:

1

2

3

4

5

GS110

Is your Center accredited:

Yes

No

If yes by whom? _____

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. 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

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

7. 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

8. ESSAYS

You must answer all three of the following essay questions. The essays must be typewritten and no longer than one page each.

1. Why do you want to receive a TEACH Early Childhood® Leadership in Infant and Toddler Learning Certificate Scholarship?
2. What personal experiences in your life shaped your desire to work on behalf of infants and/or toddlers within the early care and education system?
3. What contributions do you hope to make to infants and toddlers as an early childhood education professional? What leadership role do you see for yourself in early childhood education in the next five to ten years?

9. APPLICATION CHECKLIST

For All Applicants

- | | | |
|--|--|---|
| <input type="checkbox"/> Verification of Income | <input type="checkbox"/> Form W-9 | <input type="checkbox"/> Proof of Identity – Social Security Card |
| <input type="checkbox"/> Acceptance Letter from University | <input type="checkbox"/> Three Essays Completed | <input type="checkbox"/> Participation Agreement Signed |
| <input type="checkbox"/> Transcript/Transcript Evaluation | <input type="checkbox"/> Three Professional References | |

For All Employers

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> IRS Letter with Tax Identification Number | <input type="checkbox"/> Form W-9 |
|--|-----------------------------------|

**TEACH EARLY CHILDHOOD® LEADERSHIP IN INFANT AND TODDLER LEARNING
CERTIFICATE REFERENCE FORM**

Thank you for agreeing to serve as a reference for this TEACH Early Childhood® Leadership in Infant and Toddler Learning Certificate Scholarship Applicant.

Below is a list of statements that we would like you to use to evaluate the applicant. Please circle the word that best describes how true the statement is for the applicant. Also feel free to tell us anything else you believe might be useful in our decision-making process.

Name of TEACH Early Childhood® Leadership in Infant and Toddler Learning Certificate Scholarship Applicant:

Name, title and address of person completing this reference

Please check the appropriate box indicating your relationship to the applicant

Teacher/Professor

Co-worker

Employer

Other (specify)

1. This applicant has an interest in working on behalf of young children or within early care and education.	Always	Usually	Sometimes	Never	Don't Know
2. This applicant is a successful student.	Always	Usually	Sometimes	Never	Don't Know
3. This applicant respects and values others of different races, cultures, religions and economic backgrounds.	Always	Usually	Sometimes	Never	Don't Know
4. This applicant is active in his or her community (i.e. extracurricular school activities, volunteering, etc.).	Always	Usually	Sometimes	Never	Don't Know
5. This applicant has demonstrated an interest in and commitment to early care and education.	Always	Usually	Sometimes	Never	Don't Know
6. This applicant shows leadership potential.	Always	Usually	Sometimes	Never	Don't Know

7. Please tell us what makes this applicant an ideal TEACH Early Childhood® Leadership in Infant and Toddler Learning Certificate recipient.

8. How long and in what context have you known the applicant?

9. Feel free to make additional comments in the space below.

Signature

Date

**TEACH EARLY CHILDHOOD® LEADERSHIP IN INFANT AND TODDLER LEARNING CERTIFICATE
REFERENCE FORM**

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Please check the appropriate box indicating your relationship to the applicant

Teacher/Professor

Co-worker

Employer

Other (specify)

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8. How long and in what context have you known the applicant?

9. Feel free to make additional comments in the space below.

Signature

Date

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REFERENCE FORM**

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Name, title and address of person completing this reference

Please check the appropriate box indicating your relationship to the applicant

Teacher/Professor

Co-worker

Employer

Other (specify)

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7. Please tell us what makes this applicant an ideal TEACH Early Childhood® Leadership in Infant and Toddler Learning Certificate recipient.

8. How long and in what context have you known the applicant?

9. Feel free to make additional comments in the space below.

Signature

Date

TEACH EARLY CHILDHOOD® LEADERSHIP IN INFANT AND TODDLER LEARNING CERTIFICATE INFORMATION SHEET

What is the TEACH Early Childhood® Scholarship Program?

The TEACH Early Childhood® (Teacher Education and Compensation Helps) Scholarship Program was developed to upgrade the level of education of teachers working with young children while making the educational process affordable, increasing wages and reducing turnover.

What is the Leadership in Infant and Toddler Learning Certificate Scholarship Program?

The TEACH Early Childhood® Leadership in Infant and Toddler Learning (LITL) Scholarship Program is designed to provide financial support and incentives to eligible early childhood educators who are pursuing specialized educational and leadership opportunities offered through the Leadership in Infant and Toddler Learning Post-Baccalaureate Certificate Program at the University of North Carolina at Greensboro. Three options exist for participation that are based on the applicant's role and type of employment setting.

Who is eligible for a scholarship?

To be eligible for the TEACH Early Childhood® Leadership in Infant and Toddler Post-Baccalaureate Certificate Program Scholarship, all applicants **MUST** meet the following criteria:

- Be employed for a minimum of 30 hours per week in a licensed facility as an early childhood educator caring for infants or toddlers **OR** as a director of a licensed facility caring for infants and toddler **OR** be performing a specialized technical assistance or professional development function for early childhood educators working directly with infants and toddlers within an early childhood-focused organization that provides direct technical assistance and support to early educators.
- Have already earned a bachelor's degree in early childhood or a related field
- Be already admitted to the University of North Carolina at Greensboro's Leadership in Infant and Toddler Learning (LITL) Post-Baccalaureate Certificate Program.
- Be able to demonstrate a strong commitment to infants or toddlers and possess emerging leadership skills.
- Receive approval or sponsorship from the employing program or organization.
- Have your Technical Assistance Practitioner Endorsement or your Professional Development Endorsement through the NC Institute for Child Development Professionals, if applying for the Systems Specialist Scholarship described above. A copy of your Endorsement Certificate must be included with your application.
- Submit the Intent to Apply Form to Early Years, Inc. for the TEACH Leadership in Infant and Toddler Learning Scholarship Program if seeking scholarship support.

What support and commitments can be expected with a TEACH scholarship?

Model	Scholarship	Education	Compensation		Commitment
For Teachers	90% tuition 90% books Course access stipend 3 hrs release time/week	Recipient completes 9-19 credit hours toward the Leadership in Infant and Toddler Learning Post-Baccalaureate Certificate @ UNC Greensboro	9-12 credit hours	13-19 credit hours	Recipient agrees to work one year in the early childhood field, which includes at least 6 months with sponsoring employer, upon completion of 9-19 credit hours and bonus award
For Directors	90% tuition 90% books Course access stipend		\$250 bonus	\$500 bonus	
For Specialists	\$1000 stipend/course				

How do interested parties apply to UNC Greensboro's LITL Certificate Program?

GO TO: <https://hdf.uncg.edu/graduate/litl-p-b-c/>

SELECT: Program/Department: Human Development and Family Studies Online
Concentration/Major: Leadership in Infant & Toddler Learning, P.B. C.
(Online) Post Baccalaureate Certificate

SUBMIT: ALL REQUIRED APPLICATION MATERIALS

How is the TEACH Early Childhood® North Carolina Scholarship Program funded?

Funding comes from the North Carolina Division of Child Development and Early Education, the Child Care and Development Block Grant, and the state legislature.