TEACH Early Childhood® Early Care and Education Community Specialist Scholarship Program Application

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…

- ☐ 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 TEACH Early Childhood® Scholarship Program?

- ☐ Presentation
- ☐ Mailing
- ☐ College Instructor
- ☐ Employer
- ☐ Coworker
- ☐ 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

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
☐ Not applicable
☐ Specialization: Bi-Lingual (language:_____)
☐ North Carolina Issued Credential
☐ Post BA (state teaching license)

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 Associate's Degree in Early Childhood Education
☐ Earn a Bachelor's Degree in Early Childhood Education

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

Which degree are you working on? _____
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)* _____
Have you obtained NC Early Educator Certification?
(If yes, please attach a copy of your certificate.) ☐ Yes ☐ No

What is your preferred language for learning? _____
When would you like your scholarship to begin? ☐ Fall ☐ Spring ☐ Summer (year)_____

Are you currently enrolled in an Early Childhood Associate Degree program or a child development undergraduate program? ☐ Yes ☐ No

Which North Carolina Community College do/would you attend?
(Do not abbreviate) _____

Which participating university do/would you attend?

☐ Appalachian State University
☐ Barton College
☐ Brevard College
☐ Catawba College
☐ East Carolina University
☐ Elizabeth City State University
☐ Fayetteville State University
☐ Gardner-Webb University
☐ Greensboro College
☐ NC A & T State University
☐ NC Central University
☐ Shaw University
☐ University of Mount Olive
☐ UNC - Chapel Hill
☐ UNC - Charlotte
☐ UNC – Greensboro
☐ UNC – Pembroke
☐ UNC – Wilmington
☐ Western Carolina University
☐ Winston Salem 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 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 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. 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. If my model includes paid release time, I will sign the Form C's, be sure my director (if applicable) signs the Form C and help get it submitted for reimbursement for release time.

_____ 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

5. EMPLOYMENT STATUS

What is your current job title? (please attach formal job description)

☐ Head Start Home Visitor (please select program)
- ☐ Early Head Start Home Visitor
- ☐ Parents as Teachers

☐ Nutritionist
☐ Technical Assistant Specialist
☐ Nurse Educators
☐ Professional Development Specialist
☐ Community College Early Childhood Instructor
☐ Other EC Support Staff (please specify) _____
☐ Early Intervention Specialist
☐ DCDEE Regulatory Staff

How long have you worked in the field of early care and education?

☐ Less than 2 Years ☐ 2-5 Years ☐ 6-10 Years ☐ 10+ Years

Beginning date of employment at current agency? (mm/dd/yyyy) _____

Agency Name _____

Agency Address (city, state, zip, county) _____

Tax ID Number _____

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6. STATEMENT OF INCOME

Please attach a copy of your most recent pay stub here or W2 for previous tax year

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) $_____

7. AGENCY PARTICIPATION

Please include a copy of the agency's Form W-9 and IRS letter including the Tax ID Number.

This agreement must be completed by the applicants' supervisor, executive director or president.

The TEACH Early Childhood® Early Care and Education Community Specialist Scholarship is offered through Early Years, Inc. It requires the participation of each scholarship recipient's employing agency. In the event that (Applicant Name) _____ is awarded a scholarship, I understand that (Agency Name) _____ agrees to participate in the following ways.

____ Agrees provide a flexible working schedule for the recipient during work hours if needed.

____ Agrees to not reduce salary/wages because of participation on scholarship.

Please print name of agency representative _____

Signature of agency representative _____

Email address of agency representative _____

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® Early Care and Education Community Specialist Scholarship?
2. What personal experiences in your life shaped your desire to work on behalf of young children or within the early care and education system?
3. What contributions do you hope to make to young children and/or the field of early childhood education? 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

☐ Verification of Income
☐ Acceptance Letter from Community College
☐ Acceptance Letter from University if Bachelor's applicant
☐ Transcript/Transcript Evaluation if Bachelor's applicant*
☐ Form W-9
☐ Three Essays Completed
☐ Formal Job Description

*Bachelor must have at least 55 hours

☐ Proof of Identity – Social Security Card
☐ Participation Agreement Signed
☐ Three Professional References (employer and two others)

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TEACH EARLY CHILDHOOD®EARLY CARE AND EDUCATION COMMUNITY SPECIALIST REFERENCE FORM

Thank you for agreeing to serve as a reference for this TEACH Early Childhood® Early Care and Education Community Specialist 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® Early Care and Education Community Specialist Scholarship Applicant:

_____

Name, title and address of person completing this reference

_____

_____

_____

_____

Please check the appropriate box indicating your relationship to the applicant

☐ Teacher/Professor
☐ Employer
☐ Co-worker
☐ 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® Early Care and Education Community Specialist.

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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