



**TEACH Early Childhood® North Carolina
Master's Degree - Emphasis in Early Childhood
Leadership and Management 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)

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?
 Presentation College Instructor Coworker
 Mailing Employer 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.**

**If you are employed in an NC licensed early care facility go to Section 2.
If you are employed in an early care focused organization go to Section 3.**

2. EMPLOYMENT INFORMATION FOR NC LICENSED EARLY CARE FACILITY EMPLOYEES

Please include verification of employment

What is your current job title?

- Teacher
- Assistant Teacher
- Administrator
- Family Based Professional
- Non-Teaching Professional Staff
- Non-Teaching Support Staff

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

- Infants (0-12 Months)
- Toddler (13-36 Months)
- Preschool (37 Months – PreK)
- School Age

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) _____

3. EMPLOYMENT INFORMATION FOR EARLY CARE FOCUSED ORGANIZATION EMPLOYEES

Please include verification of employment

What is your current job title? _____

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 hours per week do you work? _____

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

4. EDUCATION INFORMATION

Please include an admission letter from UNC-Greensboro or UNC-Wilmington 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

- CDA: Infant/Toddler
- CDA: Preschool
- CDA: Family Child Care Home
- CDA: Home Visitor
- Specialization: Bi-Lingual (language: _____)
- North Carolina Issued Credential
- Post BA (state teaching license)
- Not applicable

Please check the box that best describes your educational history

- Bachelors degree in ECE
- Non-ECE Bachelor degree with 12 credits of ECE coursework (Major: _____)
- Bachelor degree in Human Development and Family Studies
- Some coursework towards a Master's degree in Child Development
- Masters (Major: _____)

Please check the box that best describes your educational goals

- Earn a Master's Degree in Early Childhood Leadership and Management
- Complete coursework related to a Master's Degree in Early Childhood Leadership and Management

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 a university in North Carolina?

- 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)

Which participating university do you currently attend?

- UNC – Greensboro
- UNC – Wilmington

Do you have a desktop computer/laptop/tablet?

- Yes
- No

Do you have internet access?

- Yes
- No

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

5. EMPLOYER PARTICIPATION AGREEMENT

The TEACH Early Childhood® On-Line Master’s Degree Scholarship Program offered through Early Years.Inc. requires the participation of each scholarship recipient’s employing agency. In the event that (*Applicant Name*) _____ is awarded a scholarship, I understand that (*Agency/Facility Name*) _____ agrees to participate in the following way. (N/A for Applicants Who Are Family Based Professionals)

_____ **Sponsoring Agency/Facility**

Provide a flexible work schedule for each semester that the recipient is on scholarship
Participate in any evaluation surveys while recipient is on scholarship

To be completed by All Facilities and/or Organizations (including family child care facilities)

Please print name of authorized representative for
agency/facility

Signature of authorized representative for
agency/facility

Program License or Registration Number (if applicable) _____

Agency/Facility Name _____

Agency/Facility 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 _____ 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? _____

6. ESSAYS FOR ALL APPLICANTS

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

1. Please describe and document your previous early care and education experience. *Please provide specific examples.*
2. Please describe your early care and education leadership goals.
3. How will a Master’s Degree in Leadership and Management help you achieve your goals in the field of early care and education

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7. 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 specialist 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

8. PARTICIPATION AGREEMENT FOR ALL APPLICANTS

I am aware that I am required to pay 100% of the cost of books for courses leading to a Master's of Education Degree. TEACH Early Childhood® North Carolina will provide 100% of in-state tuition and provide a \$250.00 (9-12 credit hours) or a \$500.00 bonus (13-18 credit hours) at the completion of a contract. I am also willing to continue my work in the early care and education field for one year with six months of the year being at the sponsoring employer, after completing each contract.

Signature of Applicant

Date

9. APPLICATION CHECK LIST

For All Applicants

- | | |
|--|---|
| <input type="checkbox"/> Verification of Employment | <input type="checkbox"/> Three Completed Essays |
| <input type="checkbox"/> Form W-9 | <input type="checkbox"/> Proof of Identity – Social Security Card |
| <input type="checkbox"/> Admissions Letter from University | <input type="checkbox"/> Transcript |
| <input type="checkbox"/> Three Completed Reference Forms | |

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TEACH EARLY CHILDHOOD® MASTER'S DEGREE SCHOLARSHIP REFERENCEFORM

Thank you for agreeing to provide a reference for a TEACH Early Childhood® Master's 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. **Please return your evaluation to the applicant in a sealed envelope who will send it to us along with his or her completed application.**

Name of TEACH Childhood® Master's Scholarship applicant

Name, title and address of person completing this reference

Please indicate your relationship to the applicant

1. This applicant has demonstrated ECE or management skills.	Always	Usually	Sometimes	Never	Don't Know
2. This applicant respects and values others of different races, cultures, religions and economic backgrounds.	Always	Usually	Sometimes	Never	Don't Know
3. This applicant is active in the ECE community.	Always	Usually	Sometimes	Never	Don't Know
4. This applicant has demonstrated an interest in and commitment to the early care and education field.	Always	Usually	Sometimes	Never	Don't Know
5. This applicant shows future leadership and/or management potential.	Always	Usually	Sometimes	Never	Don't Know

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6. Please tell us what makes this applicant an ideal candidate for the TEACH Early Childhood® Master's Degree Scholarship Program.

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

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

Signature

Date

TEACH EARLY CHILDHOOD® MASTER'S DEGREE SCHOLARSHIP REFERENCEFORM

Thank you for agreeing to provide a reference for a TEACH Early Childhood® Master's 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. **Please return your evaluation to the applicant in a sealed envelope who will send it to us along with his or her completed application.**

Name of TEACH Early Childhood® Master's Scholarship applicant

Name, title and address of person completing this reference

Please indicate your relationship to the applicant

1. This applicant has demonstrated ECE or management skills.	Always	Usually	Sometimes	Never	Don't Know
2. This applicant respects and values others of different races, cultures, religions and economic backgrounds.	Always	Usually	Sometimes	Never	Don't Know
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Signature

Date

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Name of T.E.A.C.H. Early Childhood® Master’s Scholarship applicant

Name, title and address of person completing this reference

Please indicate your relationship to the applicant

1. This applicant has demonstrated ECE or management skills.	Always	Usually	Sometimes	Never	Don't Know
2. This applicant respects and values others of different races, cultures, religions and economic backgrounds.	Always	Usually	Sometimes	Never	Don't Know
3. This applicant is active in the ECE community.	Always	Usually	Sometimes	Never	Don't Know
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Signature

Date