

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

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

- No high school diploma
- High school diploma/GED
- 1-year certificate
- Associate Degree (Major: _____)
- Bachelor Degree (Major: _____)
- Masters (Major: _____)
- Doctorate

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 working toward a Preschool Add-on License? Yes No
 If yes, how many credits do you need to attain the license? _____

When would you like your scholarship to begin? Fall Spring Summer (year) _____

Which of the participating universities/colleges would/do you like to attend?

- Appalachian State
- East Carolina University
- North Carolina A & T University
- University of North Carolina at Chapel Hill
- University of North Carolina at Pembroke
- University of North Carolina at Wilmington

Do you have a desktop computer/laptop/tablet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have internet access?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. 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 apprentice with? (please check all that apply)

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

Is your center a NC Pre-K site? Yes No
 Are you a teacher or assistant teacher in an 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? _____

Return This Application 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. STATEMENT OF INCOME

Please attach a copy of your most recent pay stub here

Employer #1 _____ Hours/week _____ \$ _____ per hour

Employer #2 _____ Hours/week _____ \$ _____ per hour

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) \$ _____

5. 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

- 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? If yes, give the parent company name/address: Yes No

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? _____

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

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6. CENTER PARTICIPATION AGREEMENT

This agreement must be completed by the center director for teachers, and the center owner or board chairperson for directors.

The TEACH Early Childhood Preschool Add-On Scholarship 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 one of the following ways. (Please check one to indicate which applicable option you prefer)

- **My TEACH Early Childhood® candidate needs up to 6 credit hours to complete her/his license.**
Contribute \$100 toward tuition and books for courses up to 6 credit hours, or...
Provide a \$100 Attainment bonus upon the completion of courses up to 6 credit hours.

- **My TEACH Early Childhood® candidate needs 7-12 credit hours to complete her/his license.**
Contribute \$200 towards tuition and books for courses totaling 7-12 credit hours, or...
Provide a \$200 Attainment bonus upon the completion of courses totaling 7-12 credit hours.

- **My TEACH Early Childhood® candidate needs 13-18 credit hours to complete her/his license.**
Contribute \$300 towards tuition and books for courses totaling 13-18 credit hours, or...
Provide a \$300 Attainment bonus upon the completion of courses totaling 13-18 credit hours.

- **My TEACH Early Childhood® candidate needs 19-25 credit hours to complete her/his license.**
Contribute \$400 towards tuition and books for courses totaling 19-25 credit hours, or...
Provide a \$400 Attainment bonus upon the completion of courses totaling 19-25 credit hours.

Please print name of director or chairperson/owner _____

Signature of director or chairperson/owner _____

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 scholarship forms in a timely manner.
- _____ 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.
- _____

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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. 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® Scholarship Program North Carolina for the monetary support that was received in error.

Signature of Applicant

Date

9. APPLICATION CHECK LIST

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

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