



T.E.A.C.H. Early Childhood® ECE Working Scholars Scholarship 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) _____

Gender _____

Driver's License# _____

Ethnicity

Are you of Hispanic, Latino or Spanish origin?

- No Yes, Puerto Rican Other Hispanic, Latino or Spanish
- Yes, Mexican, Mexican American, Chicano Yes, Cuban

Do you consider yourself...?

- White Chinese Other Asian:
- Black or African American Korean
- American Indian or Alaska Native Guamanian or Chamorro Other Pacific Islanders:
- Asian Indian Filipino Other race:
- Japanese Vietnamese
- Native Hawaiian Samoan

The above information is 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 T.E.A.C.H. Early Childhood® Scholarship Program?

- Presentation College Instructor Coworker
- Mailing Employer CCSA Website

Name of relative not living with you _____

Address _____

City, State, Zip _____

County _____

Phone Number Home: () Work: ()

Relationship _____

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

- | | | |
|--|--|---|
| <input type="checkbox"/> CDA: Infant/Toddler | <input type="checkbox"/> CDA: Home Visitor | <input type="checkbox"/> North Carolina Issued Credential |
| <input type="checkbox"/> CDA: Preschool | <input type="checkbox"/> Specialization: Bi-Lingual
(language: _____) | <input type="checkbox"/> Post BA (state teaching license) |
| <input type="checkbox"/> CDA: Family Child Care Home | | <input type="checkbox"/> Not applicable |

Please check the box that best describes your educational history

- | | |
|---|--|
| <input type="checkbox"/> No high school diploma | <input type="checkbox"/> Bachelor Degree
(Major: _____) |
| <input type="checkbox"/> High school diploma/GED | <input type="checkbox"/> Masters
(Major: _____) |
| <input type="checkbox"/> 1-year certificate | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> Associate Degree
(Major: _____) | |

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 Preschool Add-On 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?

- | | | |
|--|--|---|
| <input type="checkbox"/> Appalachian State | <input type="checkbox"/> Gardner-Webb University | <input type="checkbox"/> UNC- Greensboro |
| <input type="checkbox"/> Barton College | <input type="checkbox"/> Greensboro College | <input type="checkbox"/> UNC- Pembroke |
| <input type="checkbox"/> Catawba College | <input type="checkbox"/> North Carolina A & T University | <input type="checkbox"/> UNC- Wilmington |
| <input type="checkbox"/> East Carolina University | <input type="checkbox"/> North Carolina Central University | <input type="checkbox"/> Western Carolina University |
| <input type="checkbox"/> Elizabeth City State University | <input type="checkbox"/> UNC- Charlotte | <input type="checkbox"/> Winston Salem State University |
| <input type="checkbox"/> Fayetteville State University | | |

3. ESSAYS

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

1. Why do you want to be a T.E.A.C.H. Early Childhood® Working Scholar?
2. What personal experiences in your life shaped your desire to teach young children?
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?



Return This Application along with essays, transcripts, and references to:
T.E.A.C.H. 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.childcareservices.org



4. 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 T.E.A.C.H. Early Childhood® North Carolina for the monetary support that was received in error.

Signature of Applicant

Date

5. RECIPIENT PERSONAL RESPONSIBILITIES AGREEMENT

This is an agreement between T.E.A.C.H. 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 T.E.A.C.H. 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 counselor. My counselor 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.
- _____ Contact my scholarship counselor 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 T.E.A.C.H. and/or my college in a timely manner. It is my responsibility to ensure that I am meeting all of my obligations.

Signature of Applicant

Date

6. 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)



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10. EMPLOYER TESTAMENT AND AGREEMENT

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

The T.E.A.C.H. Early Childhood Working Scholars Program offered through Child Care Services Association is available to center-based teachers 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 T.E.A.C.H. 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 served _____

Center Auspice:

- Profit Nonprofit Head Start
 1 2 3 4 5 GS110
 Yes No

Is your Center accredited:

If yes by whom? _____

11. APPLICATION CHECK LIST

For All Applicants

- Verification of Income Three Completed Essays
 Acceptance Letter from Community College Transcript/transcript evaluation *
 Acceptance Letter from University if Bachelor * Bachelor must have at least 55 credit hours



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