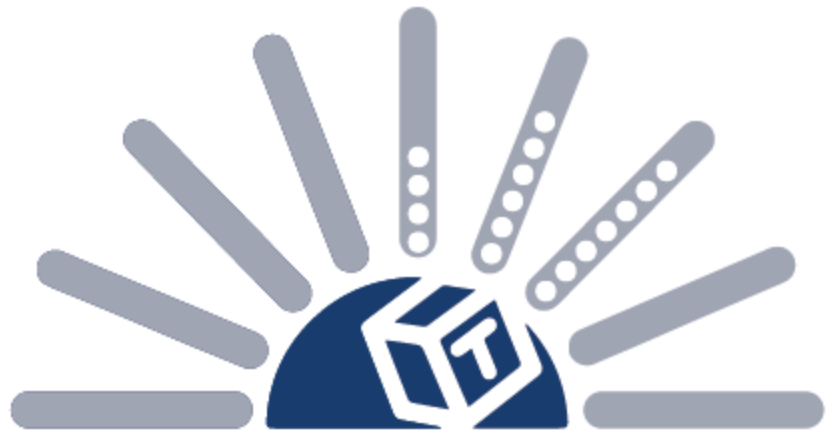


Applicant name: _____



T.E.A.C.H. Early
Childhood®

WASHINGTON, DC

A Project of
**National Black Child
Development Institute**

Please mail, fax or email completed application packet to:

National Black Child Development Institute
ATTENTION: T.E.A.C.H.
8455 Colesville Rd, Suite 910
Silver Spring, Maryland 20910

Fax: 202-552-6097
teach_dc@nbcidi.org

T.E.A.C.H. Early Childhood® WASHINGTON, DC Associate/Bachelor's Degree Scholarship Program Application

Scholarship Type		Date	
<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree			
General Questions			
How did you hear about the T.E.A.C.H. Early Childhood® Project?	<input type="checkbox"/> Presentation <input type="checkbox"/> My Center Director <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Mailing <input type="checkbox"/> T.E.A.C.H. Recipient	<input type="checkbox"/> CCR&R Agency <input type="checkbox"/> Workshop <input type="checkbox"/> College <input type="checkbox"/> NBCDI Website	
Personal Information			
Name			
Address			
City, State, Zip			
Ward/County			
Phone Number	Home:	Work:	Cell:
SSN			
Student ID #	(Given by College or University)		
Email			
Date of Birth	(mm/dd/yyyy)		
Gender			
Demographic Information (Ethnicity & Preferred Languages)			
Are you of Hispanic, Latino, or Spanish origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Mexican, Mexican American, <input type="checkbox"/> Chicano	<input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Other Hispanic, Latino or Spanish	
Do you consider yourself...?	<input type="checkbox"/> White <input type="checkbox"/> Black, African Am. <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Indian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Japanese	<input type="checkbox"/> Other Asian: <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian or <input type="checkbox"/> Chamorro	<input type="checkbox"/> Filipino <input type="checkbox"/> Other Pacific Islanders: <input type="checkbox"/> Other race:
Which languages can you speak fluently?	<input type="checkbox"/> Arabic <input type="checkbox"/> Armenian <input type="checkbox"/> Chinese <input type="checkbox"/> Creole <input type="checkbox"/> English	<input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Lao <input type="checkbox"/> Persian	<input type="checkbox"/> Russian <input type="checkbox"/> Swahili <input type="checkbox"/> Tagalog <input type="checkbox"/> Thai <input type="checkbox"/> Tribal:

T.E.A.C.H. Early Childhood® WASHINGTON, DC
Associate/Bachelor's Degree Scholarship Program Application

	<input type="checkbox"/> French <input type="checkbox"/> Greek <input type="checkbox"/> Hindi	<input type="checkbox"/> Polish <input type="checkbox"/> Portuguese	<input type="checkbox"/> Urdu <input type="checkbox"/> Vietnamese <input type="checkbox"/> Yiddish <input type="checkbox"/> Other:
In which language do you prefer to learn?			
Family Structure			
How many people live in your household?	Have any of your parents or siblings attended college? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do either of your parents or sibling have a college degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who lives in the household with you?	Number	Relationship	
		Parents	
		Siblings	
		Spouse/Significant Other	
		Children	
	Other		
Employment Status			
What is your current job title?	<input type="checkbox"/> Teacher Assistant <input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Family Based Professional <input type="checkbox"/> Non-Teaching Professional Staff <input type="checkbox"/> Non-Teaching Support Staff		
Which of the following credentials and specializations do you currently hold?	<input type="checkbox"/> CDA: Infant/Toddler <input type="checkbox"/> CDA: Preschool <input type="checkbox"/> CDA: Family Child Care Home <input type="checkbox"/> CDA: Home Visitor	<input type="checkbox"/> Specialization: Bi-Lingual (language: <input type="checkbox"/> State Issued Credential (state teaching license) <input type="checkbox"/> Post BA	
	Are you CPR certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What age groups do you teach?	<input type="checkbox"/> Infants (0-12 Months) <input type="checkbox"/> Toddler (13-36Months) <input type="checkbox"/> Preschool (37 Months - PreK) <input type="checkbox"/> School Age		

T.E.A.C.H. Early Childhood® WASHINGTON, DC

Associate/Bachelor's Degree Scholarship Program Application

How many children are in your classroom or child care home?	How many hours per week do you work?		
What was your beginning date of employment at current facility?	What is your current hourly wage?		
How long have you worked in the field of early childhood?	<input type="checkbox"/> Less than 2 Years <input type="checkbox"/> 2-5 Years <input type="checkbox"/> 6-10 Years <input type="checkbox"/> 10+ Years		
Educational History			
Please check the box that best describes your educational history	<input type="checkbox"/> No high school diploma <input type="checkbox"/> High school diploma/G ED <input type="checkbox"/> 1-year certificate <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate		
Have you taken any college courses in the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you taken any ECE credits in the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you applied for any following of the financial aid? <input type="checkbox"/> PELL <input type="checkbox"/> Scholarships <input type="checkbox"/> Student Loans	
High School	Dates Attended	Diploma	G.E.D.
College/University	Dates Attended	Major	Degree/Credits Earned
Please check one that best describes your educational goals	<input type="checkbox"/> Earn an Early Childhood or School-Age Credential <input type="checkbox"/> Take a few early childhood courses to obtain or upgrade job-related skills <input type="checkbox"/> Earn an Early Childhood, Infant/Toddler or School-Age Certificate <input type="checkbox"/> Earn an Early Childhood Associate Degree <input type="checkbox"/> Earn an Early Childhood Associate Degree and transfer to a 4-year university to earn a Bachelor's Degree		
To which schools do you plan on applying?			

T.E.A.C.H. Early Childhood[®] WASHINGTON, DC
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<p>Are you currently enrolled at a community college?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Are you currently enrolled in an Early Childhood Degree program?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>When would you like your scholarship to begin?</p> <p><input type="checkbox"/> Fall</p> <p><input type="checkbox"/> Spring</p> <p><input type="checkbox"/> Summer</p>
<p>What are your professional goals in Early Childhood Education? Describe how a degree will help you achieve these goals.</p>		
<p>Is there anything else you would like us to consider when reviewing your application?</p>		

**T.E.A.C.H. Early Childhood® WASHINGTON, DC
Associate/Bachelor's Degree Scholarship Program
Application**

Center/School Employee Statement of Income

As part of the application process, we must verify your income. List EACH source of income available to you. You MUST also include income verification for EACH job, including EITHER (1) a statement from your employer indicating your hours and rate of pay or (2) a copy of your most recent pay stub. A statement from your ex-spouse or a court award letter can be used to verify child support.

Employer	How many hours per week do you work?	What are your earnings per hour?
Have you applied for any other financial aid (such as Pell Grants, Smart Start Grants or student loans)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently receiving any other scholarships that partially or fully cover your tuition, books or other college related expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of scholarship/entity who awarded scholarship:
Source of financial aid #1 _____ Date of application _____ Application Status: AWARDED DENIED PENDING What does it cover: _____		
Source of financial aid #2 _____ Date of application _____ Application Status: AWARDED DENIED PENDING What does it cover: _____		
YOUR TOTAL FAMILY INCOME (your spouse included)		\$
<u>STATEMENT & SIGNATURE OF APPLICANT</u>		
<i>I attest to the fact that the information that I have provided within this application is true and accurate. Based on this information I am applying to T.E.A.C.H. Early Childhood® Washington, DC for a scholarship to help pay the cost of educational expenses</i>		
Signature:	Date:	

T.E.A.C.H. Early Childhood® WASHINGTON, DC Associate/Bachelor's Degree Scholarship Program Application

Center/School Employee Statement of Income

As part of the application process, we must verify your income. List EACH source of income available to you. You MUST also include income verification for EACH job, including EITHER (1) a statement from your employer indicating your hours and rate of pay or (2) a copy of your most recent pay stub. A statement from your ex-spouse or a court award letter can be used to verify child support.

Employer	How many hours per week do you work?	What are your earnings per hour?
Have you applied for any other financial aid (such as Pell Grants, Smart Start Grants or student loans)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently receiving any other scholarships that partially or fully cover your tuition, books or other college related expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of scholarship/entity who awarded scholarship:
Source of financial aid #1 _____ Date of application _____ Application Status: AWARDED DENIED PENDING What does it cover: _____		
Source of financial aid #2 _____ Date of application _____ Application Status: AWARDED DENIED PENDING What does it cover: _____		
YOUR TOTAL FAMILY INCOME (your spouse included)		\$
<u>STATEMENT & SIGNATURE OF APPLICANT</u>		
<i>I attest to the fact that the information that I have provided within this application is true and accurate. Based on this information I am applying to T.E.A.C.H. Early Childhood® Washington, DC for a scholarship to help pay the cost of educational expenses</i>		
Signature:	Date:	

**T.E.A.C.H. Early Childhood® WASHINGTON, DC
Associate/Bachelor's Degree Scholarship Program**

Application

Sponsoring Center/School Participation Agreement

The center director, principal, owner or chairperson must complete this agreement and sign below: The Early Childhood Scholarship Program offered requires the participation of each employer. In the event that (**Applicant's Name:** _____) is awarded a scholarship, I understand that the center agrees to participate in **one** option below.

Center/School Name	Center/School Address	City	
State	Ward	Zip	
E-mail Address	Phone Number	Director/ Principal Name	
License #	Center Type	Rating	
Accredited?	Accrediting Body	Signature of Director/Principal	Date

Associate's Degree

1. Pay **5%** of the cost of tuition for **9-12** credits during the contract period {3 semesters}.
2. Pay **5%** of the cost for books.
3. Provide paid release time each week for my scholarship recipient. The recipient can take a max of **3 hrs. /wk.** of release time. Release time will be provided **only when** classes are in session. The Sponsoring Center/School will be reimbursed for 75% of the release time hours claimed.
4. At the end of the year, upon successful completion of **9-12** credit hours, issue to the Scholarship Recipient:

(CHECK ONLY ONE OPTION):

- A. A \$300 bonus.** This bonus is in addition to any other expected raise or bonus.
- B. A 2% raise.** This raise is in addition to any other expected raise or bonus

Bachelor's Degree

1. Pay **5%** of the cost of tuition for **9-12** credits during the contract period {3 semesters}.
2. Pay **5%** of the cost for books.
3. Provide paid release time each week for my scholarship recipient. The recipient can take a max of **3 hrs. /wk.** of release time. Release time will be provided **only when** classes are in session. The Sponsoring Center/School will be reimbursed for 75% of the release time hours claimed.
4. At the end of the year, upon successful completion of **9-12** credit hours, issue to the Scholarship Recipient

(CHECK ONLY ONE OPTION):

- A. A \$350 bonus.** This bonus is in addition to any other expected raise or bonus.
- B. A 2% raise.** This raise is in addition to any other expected raise or bonus.

**APPLY
NOW!!**

Complete Application 

***PLEASE ONLY SUBMIT COMPLETE APPLICATIONS ***

T.E.A.C.H. APPLICATION CHECKLIST

Please be sure to submit all of the following documents with your application package:

- FAFSA CONFIRMATION LETTER**

- COLLEGE ACCEPTANCE LETTER
(From college admissions office)**

- T.E.A.C.H APPLICATION**

- SPONSORING CENTER/SCHOOL
PARTICIPATION AGREEMENT**

- 3 COPIES OF RECENT PAYSTUBS**