

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

<input type="checkbox"/> <b>SPONSORING CENTER/SCHOOL PARTICIPATION AGREEMENT</b>
<input type="checkbox"/> <b>COLLEGE ACCEPTANCE LETTER (From <u>college</u> admissions office)</b>
<input type="checkbox"/> <b>FAFSA CONFIRMATION LETTER</b>
<input type="checkbox"/> <b>T.E.A.C.H APPLICATION</b>
<input type="checkbox"/> <b>APPLICATION SUPPLEMENT</b>
<input type="checkbox"/> <b>COPY OF RECENT PAYSTUB</b>

Thank you for your interest in the T.E.A.C.H. Early Childhood® Project WASHINGTON, DC.

Mail, fax, or email completed application packet to:

**National Black Child Development Institute**

**ATTENTION: T.E.A.C.H.**

**1313 L Street NW, Suite 110**

**Washington, DC 20005**

**Tel: 202-833-2220 Fax: 202-833-8222**

**teach@nbcdi.org**

**\*FAILURE TO SUBMIT ALL MATERIALS WILL DELAY THE PROCESSING OF YOUR APPLICATION.**

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

## Associate/Bachelor's Degree Scholarship Program Application

Return this application and all supporting documentation to:

NBCDI Attn: T.E.A.C.H.  
1313 L Street NW, Suite 110  
Washington, DC 20005

<b>Scholarship you are applying for:</b>	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Bachelor's Degree
--	---	--

Date: \_\_\_\_\_

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			

### Employment Status

What is your current job title?	<input type="checkbox"/> Teacher <input type="checkbox"/> Assistant 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
What age groups do you teach? <i>(please check all that apply)</i>	<input type="checkbox"/> Infants (0-12 Months) <input type="checkbox"/> Toddler (13-36 Months)	<input type="checkbox"/> Preschool (37 Months - PreK) <input type="checkbox"/> School Age

How many children are in your classroom or child care home? \_\_\_\_\_

How many hours per week do you work? \_\_\_\_\_

How many months per year do you work? \_\_\_\_\_

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
---	--	---

Ethnicity

***Are you of Hispanic, Latino or Spanish origin?***

- |   |  |
|---|--|
| <input type="checkbox"/> No   | <input type="checkbox"/> Yes, Puerto Rican                 |
| <input type="checkbox"/> Yes, Mexican, Mexican American,<br>Chicano | <input type="checkbox"/> Yes, Cuban                        |
|   | <input type="checkbox"/> Other Hispanic, Latino or Spanish |

***Do you consider yourself....?***

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> White                               | <input type="checkbox"/> Chinese                  | <input type="checkbox"/> Other Asian:<br>_____                |
| <input type="checkbox"/> Black, African Am. Or<br>Negro      | <input type="checkbox"/> Korean                   | <input type="checkbox"/> Other Pacific<br>Islanders:<br>_____ |
| <input type="checkbox"/> American Indian or<br>Alaska Native | <input type="checkbox"/> Guamanian or<br>Chamorro | <input type="checkbox"/> Other race:<br>_____                 |
| <input type="checkbox"/> Asian Indian                        | <input type="checkbox"/> Filipino                 |   |
| <input type="checkbox"/> Japanese                            | <input type="checkbox"/> Vietnamese               |   |
| <input type="checkbox"/> Native Hawaiian                     | <input type="checkbox"/> Samoan                   |   |

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):<br>_____ |
| <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"/> Website              |   |

**Educational History**

**Please check the box that best describes your educational history:**

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

High School	Dates Attended	Diploma ___ Yes ___ No	G.E.D. ___ Yes ___ No
College/ University	Dates Attended	Major	Degree / Credit Hrs Earned

**Please check one 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

1. What are your professional goals in Early Childhood Education? Describe how a degree will help you achieve these goals. (Use additional paper if necessary)

---



---



---

2. Is there anything else you would like us to consider when reviewing your application?

---



---

**Are you currently enrolled at a community college?**  Yes  No

**Are you currently enrolled in an Early Childhood Degree program?**  
 Yes  No

**When would you like your scholarship to begin?** (circle one)  
 FALL      SPRING      SUMMER      \_\_\_\_\_ (year)

**Which Community College would you like to attend?** \_\_\_\_\_  
**Which 4 Year College/University would you like to attend?** \_\_\_\_\_

**Center/School Employee Statement of Income**

*Instructions:* 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.

Job #1 Employer \_\_\_\_\_  
Hours/Week \_\_\_\_\_ Earnings \_\_\_\_\_ per \_\_\_\_\_

Job #2 Employer \_\_\_\_\_  
Hours/Week \_\_\_\_\_ Earnings \_\_\_\_\_ per \_\_\_\_\_

Have you applied for any other financial aid (such as Pell Grants, Smart Start Grants or student loans)?

YES  NO

Are you currently receiving any other scholarships that partially or fully cover your tuition, books or other college related expenses?  YES  NO

*If yes, please answer the following (this **DOES NOT** prevent you from getting a TEACH Scholarship):*

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 INCOME \$ \_\_\_\_\_

YOUR TOTAL FAMILY INCOME (your spouse included) \$ \_\_\_\_\_

**STATEMENT & SIGNATURE OF APPLICANT**

I attest to the fact that the information that I have provided is true and accurate. Based on this information I am applying to [AGENCY NAME] for a scholarship to help pay the cost of educational expenses.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

***PLEASE ATTACH A COPY OF YOUR MOST RECENT PAY STUB HERE***

## 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.

### **Associate's Degree**

1. Pay **10%** of the cost of tuition for **9-12** credits during the contract period (3 semesters).
2. Pay **10 %** 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 **10%** of the cost of tuition for **9-12** credits during the contract period (3 semesters).
2. Pay **10 %** 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.

Please check all forms of funding your facility receives:

- |   |   |
|---|---|
| <input type="checkbox"/> Head Start       | <input type="checkbox"/> Title I                    |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> IDEA                       |
| <input type="checkbox"/> State Head Start | <input type="checkbox"/> State Subsidies: Contracts |
| <input type="checkbox"/> State PreK       | <input type="checkbox"/> State Subsidies: Vouchers  |

Center/School Name: \_\_\_\_\_

Center/School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Ward: \_\_\_\_\_ Zip: \_\_\_\_\_

Center/School Email Address: \_\_\_\_\_ Center/School Phone Number: \_\_\_\_\_

Name of Director/Principal: \_\_\_\_\_

License #: \_\_\_\_\_

Center Description:  Profit  Non-Profit  Head Start  Other: \_\_\_\_\_

Rating:  Gold  Silver  Bronze

Is your center accredited?  Yes  No; If yes, by whom? \_\_\_\_\_

Signature of Director/Principal: \_\_\_\_\_ Date: \_\_\_\_\_



## Application Supplement

Which of the following credentials and specializations do you currently hold?

- |  |   |
|--|---|
| <input type="checkbox"/> CDA: Infant/Toddler         | <input type="checkbox"/> Specialization: Bi-Lingual (language: _____) |
| <input type="checkbox"/> CDA: Preschool              | <input type="checkbox"/> [State] Issued Credential                    |
| <input type="checkbox"/> CDA: Family Child Care Home | <input type="checkbox"/> Post BA (state teaching license)             |
| <input type="checkbox"/> CDA: Home Visitor           |   |

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 (enter zero into 'how many?')

Are you CPR/First Aid Certified?

- YES  
 NO

Which languages can you speak fluently?

- |                                   |                                     |  |
|-----------------------------------|-------------------------------------|--|
| <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: _____  |

What is your preferred language for learning? \_\_\_\_\_

### Family Structure

How many people live in your household? \_\_\_\_\_

Have either of your parents or any of your brothers or sisters attended college?

- YES  
 NO

Number	Relationship
	Parents
	Siblings
	Spouse/Significant Other
	Children
	Other

Do either of your parents or any of your brothers or sisters have a college degree?

- YES  
 NO

Have you applied for any of the following financial aid?

- PELL  
 Scholarships  
 Student Loans

Last 4 SSN \_\_\_\_\_

Date Completed \_\_\_\_\_

Counselor Initials \_\_\_\_\_