

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

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

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

Scholarship you are applying for:	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Bachelor's Degree
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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"/> Family Based Professional
	<input type="checkbox"/> Assistant Teacher	<input type="checkbox"/> Non-Teaching Professional Staff
	<input type="checkbox"/> Administrator	<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"/> Preschool (37 Months - PreK)
	<input type="checkbox"/> Toddler (13-36 Months)	<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"/> 6-10 Years
	<input type="checkbox"/> 2-5 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, 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:
_____ |
| <input type="checkbox"/> Black, African Am. Or Negro | <input type="checkbox"/> Korean | <input type="checkbox"/> Other Pacific Islanders:
_____ |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other race:
_____ |
| <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):
_____ |
| <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:

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

High School	Dates Attended	Diploma	G.E.D.
		___Yes ___No	___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: _____

Family Child Care Provider Participation Agreement

The T.E.A.C.H. Early Childhood Associate's/ Bachelor's Degree Scholarship Program requires the full participation of each scholarship recipient.

In the event that I am awarded a scholarship I agree to do the following:

1. Pay 10% of the cost of tuition and books.
2. Complete 9-12 semester hours during a 12 month period.
3. Continue the operation of my family child care home for one year after completion of my course requirements.

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 |

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 NBCDI and the T.E.A.C.H. Early Childhood® Washington DC scholarship program to help pay the cost of my educational expenses.

Name of Your Family Child Care Home: _____

Address: _____

City: _____ State: _____ Ward: _____ Zip: _____

Email Address: _____ Website: _____

License #: _____

___ Head Start ___ NON Profit ___ For-Profit Center Rating: ___ Gold ___ Silver ___ Bronze

Is your home accredited? ___ Yes ___ No; If yes, by whom? _____

Signature: _____ Date: _____

*****In an effort to have adequate proof of your income you MUST submit*****

• **Your subsidy payment form and your Family Food Form**

OR

• **A copy of your tax return form*****

Family Child Care Statement of Income

Instructions: As part of the application process, we must verify your income. For each question, use the amount you made or spent last month. You MUST include income verification such as copies of receipts for each of the children you take care of or a statement detailing your weekly rate and number of children you care for.

Please complete for the last full month you provided child care

How many hours per week do you work? _____ (60 hours per week maximum)

Revenue / Income

What is the total amount paid to you by parents each month? \$ _____

How much was your Child Care Food Program Reimbursement? \$ _____

How much was your monthly child care subsidy payment? \$ _____

Total Monthly Income (total of all income sources) \$ _____

Expenses

Last month, how much did you spend on expenses for your child care?

Food \$ _____ Toys \$ _____ Asst. Care/Substitutes \$ _____ Crafts/Supplies \$ _____

Training Fees \$ _____ Gifts for Children/Families \$ _____ Other, list _____ \$ _____

Total Monthly Expenses (total of all expenses) \$ _____

Total Revenue	-	Total Expenses	=	Monthly Earnings
\$		\$		\$

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 for T.E.A.C.H. scholarship to help pay the cost of educational expenses.

Signature of Applicant

Date



Application Supplement

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
<input type="checkbox"/> Post BA (state teaching license) |
|---|--|

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"/> Armenian
<input type="checkbox"/> Chinese
<input type="checkbox"/> Creole
<input type="checkbox"/> English
<input type="checkbox"/> French
<input type="checkbox"/> Greek
<input type="checkbox"/> Hindi | <input type="checkbox"/> Japanese
<input type="checkbox"/> Korean
<input type="checkbox"/> Lao
<input type="checkbox"/> Persian
<input type="checkbox"/> Polish
<input type="checkbox"/> Portuguese
<input type="checkbox"/> Russian
<input type="checkbox"/> Spanish | <input type="checkbox"/> Swahili
<input type="checkbox"/> Tagalog
<input type="checkbox"/> Thai
<input type="checkbox"/> Tribal: _____
<input type="checkbox"/> Urdu
<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Yiddish
<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 _____