

T.E.A.C.H. Early Childhood® Scholarship Program

Scholarship Application for Center-Based Staff

Check one only: ☐ **Staff Credential**
(Formerly CDA Equivalency) ☐ **Director Credential** ☐ **AS Degree**

Legal Name _____ ☐ Female
 First Name **Initial** **Last Name** **Maiden Name and/or Previous Last Name** ☐ Male

Home Mailing Address _____ **Apt #** _____

City/State _____ Zip+4 _____ County_____

Phone (H)()_____ **(Cell)**()_____ **(W)**()_____

Social Security Number _____ **Birthdate** _____

Email _____ ☐ **Check here if applicant is NOT a Florida resident**

Ethnicity: ☐ Black ☐ White ☐ Hispanic ☐ Native American ☐ Asian ☐ Pacific Islander ☐ Other

Employment Status

What is your job title? _____ ☐ Check here if applicant is also center owner

Do you teach in one of these classrooms? ☐ VPK ☐ Head Start ☐ N/A

Date of employment at your current workplace? (month/day/year) _____

What age group(s) do you teach? _____ ☐ Check here if before or after school program

Family Structure

Including yourself, how many family members live in your household? _____

Check one: ☐ Married, no children ☐ Married parent or grandparent with (number)____
☐ Married, no minor children ☐ minor children or grandchildren in the home
☐ Single, no children ☐ Single parent or grandparent with (number)____
☐ Single, no minor children ☐ minor children or grandchildren in the home

How did you find out about the T.E.A.C.H. Early Childhood® Scholarship Program?

☐ Presentation ☐ Mailing ☐ R&R Agency ☐ College/School ☐ Center ☐ T.E.A.C.H. recipient ☐ Other

Educational History

Name of Last High School Attended and City/State	Dates Attended	High School Diploma?	G.E.D.?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Technical School Community College University	Dates Attended	Major(s)	Credit Hours Earned	Type of Degree Earned

For T.E.A.C.H. use only

QUAL APP Authorized

Are you **currently** attending a community college working toward an AS degree in Early Childhood Education? ☐ Yes ☐ No Name of school _____

Take your Staff Credential or Director Credential for college credit if you plan to go on for an AS degree in early childhood education. These courses are usually part of the AS degree program.

Which school *did* you attend or *will* you attend for classes covered by this scholarship? We cannot issue contracts without knowing which Florida school you are or will be attending and which session you are or will be attending. Call T.E.A.C.H. at (877) 358-3224 to check if your online course can be covered by a T.E.A.C.H. scholarship. List one Florida school only.

School: _____ Campus: _____ Check ☐ if online

When *did* you begin class or when *would you like* to begin? (List one only) ☐ currently enrolled
☐ seeking reimbursement
☐ Spring (Jan-April) ☐ Summer A (May-June) ☐ Summer B (June-July) ☐ Fall (Aug-Dec) ☐ I'll start if and when I am awarded a scholarship
☐ Before July 1 ☐ After June 30
Actual date class began/will **begin** (if known): _____ What year? _____

Do you have your Staff Credential (formerly CDA Equivalency)? ☐ Yes ☐ No ☐ Enrolled
Do you have your National CDA Credential? ☐ Yes ☐ No ☐ Applied

If **yes**, year/school (if applicable): Florida _____ / _____ National _____
Year School Year

If currently enrolled, name of school _____

Did you take your Staff Credential (CDAE) classes for college credit? ☐ Yes ☐ No ☐ Not sure ☐ N/A

Have you taken a college course in business or management including, but not limited to, Economics or Statistics? ☐ Yes ☐ No If yes, was it taken within the past 10 years? ☐ Yes ☐ No

How many years of administrative experience (as owner, director, etc.) in a childcare center (not in an FCCH) can you document? ☐ _____ years ☐ None

PROGRAM INFORMATION

Legal Name of Center: _____

Check appropriate box: ☐ Individual/sole proprietor ☐ Corporation ☐ Partnership ☐ Other _____

P.O. Box/Mailing Address: _____

City/State/Zip: _____, FL _____ County: _____

Phone # () _____ Fax # () _____

License # _____ AND Federal ID / Taxpayer ID # _____

☐ Check if license-exempt

Signed by Director or Owner _____ Print name _____

Does your center offer Voluntary Pre-K? ☐ Yes ☐ No

Center Auspices (check **all** that apply): ☐ Profit ☐ Nonprofit ☐ Head Start ☐ Public ☐ Faith-based

Is your center NAEYC accredited? ☐ Yes ☐ No Other accreditation _____

Number of children licensed for _____ Number of children enrolled _____

CENTER-BASED SPONSOR AGREEMENT FOR

Check one only: ☐ Staff Credential (Formerly CDA Equivalency) ☐ Director Credential ☐ AS Degree

As this applicant's supervisor or the owner of this center, on behalf of my childcare center, I agree that the center will pay a portion of this applicant's educational expenses as described below. (*Applicant's supervisor or center owner must agree to all conditions, check appropriate boxes and sign below.*)

☐ **Applicant is CENTER TEACHER (center employee but not director or owner)**

1. The center will pay ☐ 20% of Staff Credential tuition and 20% of the National CDA Assessment fee if applicable **or** ☐ 10% of Director Credential tuition **or** ☐ 15% of the AS degree tuition. **AND**
2. The center will provide three hours per week of paid release time when classes are in session regardless of the number of courses taken even if classes are taken at night or online. (Does **not** apply to Director Credential, recipients working less than 30 hours per week, volunteers, or to recipients during times their centers are closed for vacation, holidays, etc. **or** if the recipient is on vacation.) T.E.A.C.H. will reimburse the center \$5 for every hour of release time given to qualified employees up to 48 hours per term. **AND**
3. At the end of the Staff Credential or AS contract, upon completion of appropriate coursework (and for the Staff Credential scholarship, attainment of the National CDA Assessment if applicable), the center will
☐ A. award a \$250 bonus paid in two installments (does **not** apply to Director Credential scholarship) **OR**
☐ B. award a 2% raise over and above any normally occurring annual increase (does **not** apply to Director Credential scholarship).

☐ **Applicant is CENTER DIRECTOR (center employee but not owner)**

1. The center will pay ☐ 10% of Staff Credential tuition and 10% of the National CDA Assessment fee if applicable **or** ☐ 10% of Director Credential tuition **or** ☐ 10% of the AS degree tuition. **AND**
2. **For AS degree applicants ONLY**, at the end of the contract and upon completion of appropriate coursework, the center will
☐ A. award a \$250 bonus paid in two installments **OR**
☐ B. award a 2% raise over and above any normally occurring annual increase.

☐ **Applicant is CENTER OWNER**

The center will pay ☐ 10% of Staff Credential tuition and 10% of the National CDA Assessment fee if applicable **or** ☐ 10% of Director Credential tuition **or** ☐ 10% of the AS degree tuition.

TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR OR FACILITY OWNER

I affirm that this applicant's date of hire is _____. By signing this document I agree to the terms stated above and affirm that this applicant: 1) works/volunteers _____ hours per week and 2) is paid/ volunteers for _____ weeks per year (there are 52 weeks in a year) 3) at a rate of \$_____ per hour. 4) Applicant works _____ hours per week in the classroom and/or in a before or after school program. If employee is salaried, yearly salary is \$_____. For seasonal employees, applicant works _____ (name of month) through _____ (name of month).

Applicant receives free or reduced childcare of \$_____ per month (check one below as applicable):

- ☐ Free or reduced childcare is in addition to the hourly rate
☐ Free or reduced childcare is included in the hourly rate

I agree that the center will be responsible for the above-listed conditions even if the employee breaks the contract.

(Print Name of Applicant's Supervisor or Center Owner)

(Email address)

(Signature of Applicant's Supervisor or Center Owner)

(Title)

(Date)

STATEMENT OF APPLICANT'S INCOME

Instructions: Complete sections A through E below. For income verification for your job, your supervisor must complete and sign the verification of income section on page 3 of this application. Do not send check stubs in lieu of completing the verification of income section.

- A. **Your** earnings at sponsoring center..... \$ _____ per _____
 Name of your sponsoring center _____
 Number of hours you work **per week (not hours per pay check)**..... _____
 Number of weeks per year that you are paid for or volunteer for
 (**not** number of pay checks) (There are 52 weeks in a year) _____
- B. **YOUR YEARLY EARNINGS** from employment (before taxes)
 _____ X _____ X _____
 Hours per week X Weeks per year X Hourly rate \$ _____
- C. If your child(ren) attends your program for free or at a reduced tuition rate, include the cost of that tuition as monthly income **if it is not already included in your hourly rate above** (Monthly rate \$ _____ x 12 months).....+ _____
- D. **YEARLY GROSS INCOME** \$ _____
- E. Are you a student? ☐ No ☐ Yes - If yes:
 Pell Grant ☐ Applied for ☐ Received \$ _____ per _____
 Other Scholarship or Grant ☐ Applied for ☐ Received
 Grant Name \$ _____ per _____

APPLICANT'S AFFIRMATION – READ VERY CAREFULLY BEFORE SIGNING

I understand that I will be responsible for 10% of the cost of tuition and books and 10% of the National CDA Assessment fee when applicable. I affirm that the information I have provided is true and accurate. Based on this information, I am applying to the Children's Forum for a scholarship to help pay the cost of educational expenses. I understand that my benefits may be reduced if I am receiving other financial / scholarship assistance. In addition, I **agree to commit to employment at my sponsoring center for one year** after completion of my T.E.A.C.H. contract. **I understand that if my application is incomplete or incorrect, it will be returned to me.** I have made a copy of this application for my own records. I am a Florida resident.

 Signature of Applicant

 Date



T.E.A.C.H. Early Childhood® Scholarship Program
Children's Forum
 2807 Remington Green Circle / Tallahassee, FL 32308
 (850) 487-6302 or Toll Free (877) FL-TEACH [358-3224]
www.thechildrensforum.com/teach.php



DO NOT FAX!!!

TEACH Center-based pink rev 5/09
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Sponsored by Children's Forum and the State of Florida, Agency for Workforce Innovation