



T.E.A.C.H. Early Childhood® TEXAS
Associate Degree Scholarship Program Application
Early Childhood Education/Child Development

Date: _____

Name		
Address		
City, State, Zip		
County		
Phone Number	Home:	Work:
SSN		
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"/> Family Home Provider	<input type="checkbox"/> Director/Assistant Director <input type="checkbox"/> Administrator <input type="checkbox"/> Owner
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 <input type="checkbox"/> Administrator

How many children are in your classroom ? (teachers) _____

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
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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 |



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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 | |

Please check the box that best describes your educational history:

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

Please check one that best describes your educational goals:

- Earn an Early Childhood/Child Development Associate Degree
 Earn an Early Childhood/Child Development Bachelor Degree
 Earn an Early Childhood/Child Development Master's Degree
 Earn a PhD in Early Childhood/Child Development

Are you currently enrolled at a college/university? if yes, where? Yes No

Name of college/University: _____

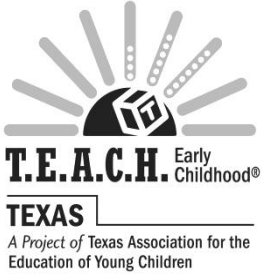
When would you like your scholarship to begin? (circle one)
 FALL SPRING SUMMER _____ (year)

Which College/University would you like to attend? _____

What degree program would you like to enroll in? _____

How many credit hours have you completed to date? _____

How many credit hours are remaining in your degree? _____



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Early Childhood Associate/Bachelor Degree Scholarship Program Application

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"/> Texas Issued Credential
<input type="checkbox"/> Post BA (state teaching license)
<input type="checkbox"/> None of these
<input type="checkbox"/> Associate Degree
(Specialization : _____) |
|---|--|

Educational Information

Have you taken any college courses in the past two years?

- YES
 NO

Have you taken any Early Childhood credits in the past two years?

- YES how many? _____
 NO (enter zero into 'how many?')

<u>High School</u>	<u>Dates Attended</u>	<u>Diploma</u> ___Yes ___No	<u>G.E.D.</u> ___Yes ___No
<u>College/ University</u>	<u>Dates Attended</u>	<u>Major</u>	<u>Degree or Cred. Hrs</u>

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? _____



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Application

Family Structure

How many people live in your household?

	Parents
	Siblings
	Spouse/Significant Other
	Children
	Other

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

YES

NO

Does 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

Essay

You must answer the following questions. Please attach on a separate paper and no longer than one page for each question.

1. What are your professional goals in early childhood education? Describe how a degree will help you achieve these goals. Be sure to include your long term career goals.
2. What personal experiences in your life shaped your desire to work on the behalf of young children?
3. What contributions do you see yourself making in the early childhood field in the next five to ten years?

Statement of Income (current employment)



**T.E.A.C.H. Early Childhood® TEXAS
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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, Local Workforce Grants or student loans)?

YES NO

Source of financial aid #1 _____
 Date of application _____
 Application Status: AWARDED DENIED PENDING

Source of financial aid #2 _____
 Date of application _____
 Application Status: AWARDED DENIED PENDING

YOUR TOTAL INCOME \$ _____

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

<u>STATEMENT & SIGNATURE OF APPLICANT</u>	
I attest to the fact that the information that I have provided is true and accurate. Based on this information I am applying to <u>Texas Association for the Education of Young Children</u> for a scholarship to help pay the cost of educational expenses.	
 _____ Signature of Applicant	 _____ Date

PLEASE INCLUDE A COPY OF YOUR MOST RECENT PAY STUB WITH THIS APPLICATION

Sponsorship Agreement Form



T.E.A.C.H. Early Childhood® TEXAS Early Childhood Associate Scholarship Program Application

This agreement must be completed by the Center Director, Owner or Board Chairperson or Family Child Care Provider.

The T.E.A.C.H. Early Childhood Program offered through Texas Association for the Education of Young Children requires the participation of each scholarship recipient's employing child care center. In the event that _____ is awarded a scholarship, I understand that the center _____ (Applicant Name)

agrees to participate based on the scholarship option the center chooses. Family Child Care Providers and Directors who are the owner agree to participate based on your option below.

The following applies to ALL Recipients awarded a T.E.A.C.H. Scholarship:

~ All recipients will receive a \$75 Travel stipend from T.E.A.C.H. each semester you are enrolled.

~ All recipients will receive a \$300 bonus from T.E.A.C.H. at the end of each Contract year and upon graduation.

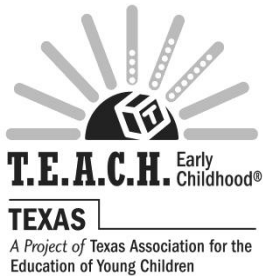
~ Recipients must agree to remain employed at their program or home for one year after each contract year.

PLEASE CHOOSE THE OPTION THAT BEST FITS YOUR PROGRAM:

(Please choose 1)

- OPTION 1 (AT1, ADE1) : (Center based teachers and Directors who are employed by a center)**
 1. The employer will pay **10% of tuition and book costs** for courses (9-15 credit hours for Associate degree) at a Texas community college.
 2. Upon completion of the contract and specified credit hours, the employer will award a **salary increase** of a **minimum of 2% above any other expected salary increase** to the scholarship employee.
 3. **(Teachers only)** The employer will provide paid release time for the teacher on a TEACH scholarship. The amount of release time is 4 hours per week, only for semesters recipient are enrolled in coursework, maximum 64 hours a semester. (T.E.A.C.H. will reimburse the program at 50% of \$8.00, or \$4 per hour) for Associates. (Directors are not eligible for Release Time)

- OPTION 2 (AT2, ADE2) : (Center based teachers and Directors who are employed by a center)**
 1. The employer will pay **10% of tuition and book costs** for courses (9-15 credit hours per year for Associate degree) at a Texas community college.
 2. Upon completion of the contract year and specified credit hours, the employer will award a **\$300 bonus** to the scholarship employee.
 3. **(Teachers only)** The employer will provide paid release time for the teacher on a TEACH scholarship. The amount of release time is 4 hours per week, only for semesters recipient are enrolled in coursework, maximum 64 hours a semester. (T.E.A.C.H. will reimburse the program at 50% of \$8.00, or \$4 per hour) for Associates.



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- OPTION 3(ADO, AF): (Directors who are Owners and Family Child Care Option)**
1. The Owner or Family Child Care Provider will pay **20% of tuition and book costs** for courses (9-15 credit hours per year for Associate degree) at a Texas community college.
 2. (Family Child care only) T.E.A.C.H. will reimburse the Family Child Care Provider for 4 hours of paid release time per week, up to 64 hours a semester at 50% of \$8.00 per hour (\$4.00).
 3. Family Child Care Providers must be a **Registered or licensed** provider with Texas Department of Family and Protective Services Child Care License Division.

Your signature is required to affirm you agree to the above requirements for the option you chose.

Name	Position	Contact Number
Signature	Date	

Besides Parent Fees, 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 |
| <input type="checkbox"/> Other _____ | (not applicable in Texas) |

Facility Information



T.E.A.C.H. Early Childhood® TEXAS Early Childhood Associate Scholarship Program Application

Center Name	
License Number	
License Type	Circle One: Full Permit Initial Permit Registered Certified
Address	
City, State, Zip	
County	
Phone Number	
Email	
Director/Owner	

Is this child care program owned or managed by another organization?:

Yes No

If yes, Please provide the company name and billing address where we should send checks and invoices if different than above:

Company Name _____ Attention: _____

Address _____ City _____ Zip _____

Please fill this portion out to complete application. Failure to provide this information will delay review process.

Center Auspice (check one): Profit Nonprofit Head Start Public Pre-K Military Faith-based

Center Capacity _____ Number of children currently enrolled: _____

Total number of Workforce subsidized children served _____

Total number of: Full-Time Staff Part-Time Staff

Number of staff employed less than 12 months: _____

Is your Center accredited: Yes No If yes, by whom? _____

Is your center a Texas Rising Star center? NO 1 Star 2 Star 3 Star 4 Star 5 Star

Family Child Care Provider Monthly Income Worksheet



T.E.A.C.H. Early Childhood® TEXAS Early Childhood Associate Scholarship Program Application

(Family Child care Providers ONLY)

Instructions: This sheet will help you determine your monthly earnings from your family child care home. For each question, use the amount you made or spent last month. Special instructions are in italics.

Remember, 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. If you receive CACFP or CCMS subsidies, please include one month's worth of receipts or statement.

1. What is the total amount paid to you by parents each week?
Multiply by 4.33 (weeks per month) x 4.33

TOTAL MONTHLY PARENT FEES

2. How much did you receive for Child & Adult Care Food Program Reimbursement?

3. How much did you receive from the Texas Workforce Commission Or other agencies for child care subsidy for children in your care?

4. **TOTAL MONTHLY REVENUE (add lines 1,2 and 3)**

How much did you spend for children in your child care home last month on:

5. Food?

6. Toys?

7. Assistant/Substitute Care?

8. Crafts/Supplies?

9. Transportation? (\$0.25/mile)

10. Training Fees?

11. Gifts for Children/Families?

12. Other? (specify)

13. **TOTAL MONTHLY EXPENSES (add lines 5-12)**

Minus =

Revenue (line 4)

Expenses (line 13)

Monthly Earnings (write on Page 7, statement of earnings)



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Checklist for your application. Please make your application includes all of the following. Failure to send all documents and failure to sign will delay the process.

- | | |
|--|--|
| <input type="checkbox"/> Verification of Income (check stub) | <input type="checkbox"/> T.E.A.C.H. Application Completed and Signed (pg.5 for applicant) |
| <input type="checkbox"/> Essay Completed (see page 4) | <input type="checkbox"/> FAFSA (Federal Financial Aid) Award/Denial Letter (if applicable) |
| <input type="checkbox"/> Sponsorship Agreement Form, signed (Page 6-7) | |
| <input type="checkbox"/> Family Child Care Monthly Income Worksheet (page 11) (Family Child Care Only) | |

Mail or Fax this Application with ALL the above documents to:

Texas AEYC

P.O. Box 4997, Austin, TX 78765-4997

FAX (866) 240-5175

If you have any questions, please call (512) 215-8142

www.texasaeyc.org

Email : TEACH@texasaeyc.org