

# T.E.A.C.H. Early Childhood<sup>®</sup> Scholarship Program

## Scholarship Application for Center-Based Staff

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

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) \_\_\_\_\_ minor children or grandchildren in the home  
 Married, no minor children  Single parent or grandparent with (number) \_\_\_\_\_ minor children or grandchildren in the home  
 Single, no children  
 Single, no minor children

### How did you find out about the T.E.A.C.H. Early Childhood<sup>®</sup> 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  
 I'll start if and when I am awarded a scholarship

Spring (Jan-April)  Summer A (May-June)  Summer B (June-July)  Before July 1  After June 30  Fall (Aug-Dec)

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<sup>®</sup> 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  
 - PAGE 4 of 4

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