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

Scholarship Application for Family Child Care Home Providers

(FCCH Employees should use Center-Based Scholarship Application)

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

Legal Name _____ _____ ☐ Female ☐ Male

First name Initial Last name Maiden Name and/or Previous Last Name

Home Mailing Address_____ **Apt.**_____ **Birthdate**_____

City/State _____ **Zip+4** _____ **County**_____

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

Social Security Number _____ **Fax( )**_____

Email_____ ☐ **Check here if applicant is NOT a Florida resident**

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

Employment Status

What age groups do you provide care for? _____

When did you start providing care in your home? **(month/day/year)** _____

How many hours a day is your home open? _____ How many days a week is your home open? _____

There are 52 weeks in a year. How many weeks each year do you offer care in your home? _____

Family Structure

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

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

Educational History

Name of Last High School Attended and City/State	Dates Attended	High School Diploma?	G.E.D.?
		☐ Yes ☐ No	☐ Yes ☐ 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** _____

How did you find out about the T.E.A.C.H. Early Childhood® Scholarship Program?
☐Presentation ☐Mailing ☐R&R Agency ☐College/School ☐T.E.A.C.H. recipient ☐Other

Are you *currently* attending a community college working toward <u>an AS degree in Early Childhood Education</u>? ☐ Yes ☐ No **– If yes, name of school** _____

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

Which school *did* you attend or *would* you like to attend for classes <u>covered by this scholarship</u>? *We cannot issue contracts* without knowing <u>which Florida school</u> you are or will be attending and <u>which session</u> you are or will begin attending. List <u>*one*</u> Florida school only.

School: _____ Campus: _____ ☐ **Check if online**

When *did* you begin class or when *would you like* to begin? (List <u>*one*</u> only) ☐ **currently enrolled** ☐ **seeking reimbursement**

☐ Spring (Jan-April) ☐ Summer A (May–June) ☐ Summer B (June-July) ☐Before July 1 ☐After June 30 ☐ Fall (Aug-Dec) ☐ I'll start as soon as I am awarded a scholarship

Actual date class began/will **begin** (if known): _____, 200___ **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 CDA classes for college credit? ☐ Yes ☐ No ☐ I'm 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 this business/management course taken within the past 10 years? ☐Yes ☐No

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

What is the primary language you speak in your FCCH? _____

Are you currently a student? ☐ **No** ☐ **Yes - If yes:**

Pell Grant ☐ Applied ☐ Received…$_____/_____

Other Scholarship/Grant ☐ Applied ☐ Received
Grant Name _____ $_____/_____

Family Child Care Home Provider
MONTHLY INCOME STATEMENT

Instructions: For income, use the amount you made **last** month. For expenses, use the amount you spend in an **average** month. Instructions are in italics. ***Do not include cents***. ***USE PENCIL***.

Use the Income/Payment Worksheet included with this application (page 5) to list children's names and the amount paid ***WEEKLY*** *for each child by parents, the amount of* ***MONTHLY agency subsidy*** *for each child, and the amount of* ***MONTHLY reimbursement by the county for VPK*** *(if applicable).* ***Round to the nearest dollar. USE PENCIL. USE PENCIL. USE PENCIL. USE PENCIL.***

1. **What is the total amount paid to you by parents <u>each week</u>?** **$**_____
   (See page 5) (Multiply by 4.33 which is the number of weeks in a month) x 4.33

2. **TOTAL MONTHLY PARENT PAYMENTS** **$**_____

3. **How much is your USDA Food Program reimbursement / subsidy?** _____

4. **How much is the agency childcare subsidy for children in your care?** *(page 5)* _____

5. **How much is the VPK reimbursement for children in your care?** *(page 5)* _____

6. **<u>TOTAL MONTHLY INCOME</u>** *(Add lines 2, 3, 4 and 5)* **$**_____

7. **In an <u>average</u> month, how much do you spend on the children in your child care home?** *(Do not send receipts)*

   a. Food (meals, snacks, formula) ☐Check if parents supply any food $_____
   b. Operating costs* (rent/mortgage and utilities allowable by IRS as business expenses -- ***about*** **35%** of **total** household expense for rent/mortgage, utilities and homeowners insurance is **charge-to your business**, or check with your accountant) *(see page 6)* _____*
   c. Assistant or substitute _____
   d. Crafts / supplies / toys / gifts _____
   e. Transportation* (55¢ per mile) (_____ total miles x .55) _____*
   f. Tuition / training fees* ***(20% of yearly total divided by 12 months)*** _____*
   g. **Business** liability Insurance ***(yearly total divided by 12 months)*** _____*
   h. **Business** phone (**business** cell or separate number) _____
   i. Other (curriculum, advertising, etc. - specify) _____ _____

8. **<u>TOTAL MONTHLY EXPENSES</u>** (*Add lines 7a through 7i)* $_____

9. **<u>TOTAL MONTHLY PROFIT / (LOSS)</u>** *(Subtract Total Monthly Expenses -- line 8 -- from Total Monthly Income – line 6)* $_____
   If line 8 is larger than line 6, you are operating at a loss

For your own information, to determine the hourly rate you earn, divide Total Monthly Profit/Loss by the number of hours you work per month (number of hours you work per week multiplied by 4.33 weeks in a month).

*See Monthly Business Operating Expense Worksheet (page 6).

PARTICIPATION AGREEMENT
Family Child Care Home Provider

I attest to the fact 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 agree to complete all coursework related to any scholarship for which I have been approved and understand that my benefits may be reduced if I am receiving other financial / scholarship assistance. In addition, **I agree to continue operating my family child care home for one year after completion of my contract. I further understand that if my application is incorrect or incomplete, it will be returned to me.** I have made a copy of this application for my records. I am a Florida resident.

☐ **Staff Credential (formerly CDA Equivalency)** – I will pay 20% of the cost of tuition and books for coursework needed to earn my Staff Credential. I will also pay 20% of the cost of the National CDA Assessment if I choose to pursue the National CDA. I understand that coursework for the Florida Child Care Professional Credential (formerly CDAE) is part of the AS degree.

☐ **Director Credential** – I will pay 20% of the cost of tuition and books for 4.5 CEUs or up to three college level courses at an approved training institution. I understand that Florida law does not require me to earn a Director Credential in order to operate my family child care home.

☐ **AS Degree in Early Childhood Education** – I will pay 20% of the cost of tuition and books for coursework leading to my AS degree in early childhood education. I will complete 9-18 credit hours during the scholarship year.

_____ _____
(Print Name of your FCCH as it appears on your license or registration) (Date)

_____ ( ) _____
(Signature) (Phone Number)

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

☐ License or ☐ Registration number _____

Federal ID/Taxpayer ID # if applicable _____

Check appropriate box: ☐Individual/sole proprietor ☐Corporation ☐Partnership ☐Other_____

Is your family child care home NAEYC accredited? ☐ Yes ☐ No
Is your family child care home Gold Seal approved? ☐ Yes ☐ No
Is your family child care home NAFCC approved? ☐ Yes ☐ No
Number of children licensed for_____ Number of children enrolled _____

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
www.thechildrensforum.com/teach/php

DO NOT FAX!!!

Sponsored by Children's Forum and the State of Florida, Agency for Workforce Innovation

Family Child Care Home Provider
INCOME / PAYMENT WORKSHEET
Return with FCCH T.E.A.C.H. Application

_____ _____

Name of FCCH Provider **License/Registration number**

Age of Child	FIRST NAME OF EACH CHILD (List all children in your care)	FOR EACH CHILD: Amount paid to you *WEEKLY* BY PARENTS (Do NOT include subsidy or VPK reimbursement)	FOR EACH CHILD: CHILD CARE SUBSIDY paid to you *MONTHLY* by subsidizing agency	FOR EACH CHILD: VPK REIMBURSEMENT paid to you *MONTHLY* by the local coalition
		$	$	$
		$	$	$
		(Record on Line 1 of page 3)	(Record on Line 4 of page 3)	(Record on line 5 of page 3)

Return with FCCH T.E.A.C.H. scholarship application to:
2807 Remington Green Circle •Tallahassee, FL 32308

Family Child Care Home Provider
MONTHLY BUSINESS OPERATING EXPENSE WORKSHEET
Return with FCCH T.E.A.C.H. Application

A Monthly Income Statement appears on page 3 of the Family Child Care Home Provider portion of the scholarship application form. The formulas and information below may help you determine your monthly expenses.

7b. Operating costs (Do not include food, auto or any other non-*housing* expenses)

Monthly Operating Expenses for **whole** house:

Mortgage including property taxes and homeowners insurance **OR** Rent
(Military personnel living on base should enter the amount deducted monthly from paychecks to cover housing expense) ☐Check here if on-base military….$_____

Electricity and/or Gas…….…… _____

Water and Garbage (**per month**) (Divide quarterly bill by 3 to get monthly)…….. _____

Basic telephone (no long distance).
If business has a separate telephone, list it under 7h **on page 3** of application. _____

Internet access……..……..... _____

Other (specify – exterminator? bottled water?) _____.... _____

Other (specify - lawn maintenance?) _____.... _____

Total **Monthly** Operating Expenses for **whole** house ……...…. $_____

Multiply by 35%, **approximate** amount charged to business……..... x .35

Total **Monthly** Business Operating Expenses **(line 7b- Page 3)** ……..... $_____

7e. Transportation

If the business owns a vehicle, the cost of gas, insurance, maintenance, depreciation and other expenses attributable to the vehicle may be charged to the business. This means you may **NOT charge** 55¢ per mile **for travel**. **Check with your CPA for monthly cost of business-owned vehicles.**

You may **ONLY charge mileage** when you use a **personal vehicle for business**. It is important that you keep a running record of business use which includes starting mileage, ending mileage, total miles driven for each trip and the **purpose** of each business trip (getting groceries or supplies for the business, field trips, transportation to and from school for afterschoolers, transportation to classes, business-related meetings, etc. **Check with your accountant for a list of what is considered business expense**). You will need this log when preparing your Federal Income Tax Return. The 55¢ per mile deduction is good for 2009 taxes. The deduction will change for 20010.

7f. Tuition / training fees

When computing monthly cost of tuition, remember that if you receive a scholarship you will only be paying **20% of the cost** of your Director Credential, Staff Credential or AS degree classes. Multiply yearly total cost of tuition and books by .20 (20%) then divide by 12 months to arrive at a monthly cost.

7g. Insurance

About 35% of your homeowner's insurance policy can be charged to your business (**already charged in 7b above**). If you have liability insurance for your business **only**, l00% of the cost can be charged to your business on page 3). (Don't forget to divide yearly total by 12 to get a monthly cost.)