



## **Bonnie Baker T.E.A.C.H. Memorial Scholarship**

The Bonnie Baker Scholarship was created to honor the remarkable generosity and strong commitment to education with which Bonnie lived her life. After earning Bachelor and Master's degrees in the field of rehabilitation counseling, Bonnie came to the Forum and served in a number of administrative positions for 16 years. At the Forum, Bonnie became the conscience of the organization, always reminding others of our responsibility to do the right thing, whether working with young children or serving the adults caring for children in our early learning classrooms.

To honor her memory and pay tribute to her ideals, the Children's Forum established the Bonnie Baker Scholarship. The scholarship is given to an individual who is a resident of Florida and working in a Florida early learning program to pursue a Bachelor degree in early childhood education. The ideal candidate will demonstrate the qualities of integrity, personal strength, and a passion for the rights of children.

*Integrity is doing the right thing, even when no one is watching.*  
- C.S. Lewis



# Bonnie Baker T.E.A.C.H. Memorial Scholarship

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

### Bachelor Degree Scholarship Application

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone (Home) (\_\_\_\_\_) \_\_\_\_\_ (Cell) (\_\_\_\_\_) \_\_\_\_\_ (Work) (\_\_\_\_\_) \_\_\_\_\_

Birthdate \_\_\_\_\_ E-mail Address \_\_\_\_\_

#### Employment Status

a. What is your job title? \_\_\_\_\_ Check if applicant is also owner of the center:

b. Do you teach in one of these classrooms:  VPK  Head Start  N/A

c. Date of employment at current workplace? (month/day/year) \_\_\_\_\_

d. What age group(s) do you teach? \_\_\_\_\_ Check if before or after school program:

**For FCCH providers only**, how many weeks per year is your home open (there are 52 weeks in a year)?

How many hours a day is your FCCH open? \_\_\_\_\_ How many days a week is your FCCH open? \_\_\_\_\_

#### Family Structure

a. Including yourself, how many people live in your household? \_\_\_\_\_

b. Check one:  Married, no children  Married parent or grandparent with minor children or grandchildren in the home

Single, no children  Single parent or grandparent with minor children or grandchildren in the home

No Response

Race \_\_\_\_\_

#### Educational Background

Community College, College or University	Dates Attended	Major(s)	Credit Hours Earned	Degree Earned

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

When will you or when did you begin classes for the BAS degree? \_\_\_\_\_

Are you currently enrolled in a Bachelor of Applied Science Program with an emphasis in Early Childhood Education?  Yes  No

Which College or University are you or will you be attending? \_\_\_\_\_

## Child Care Center Provider STATEMENT OF INCOME

**Instructions:** List the sources of income available to you. For income verification from your job, your supervisor must complete and sign the verification of income section on page 4 of this application. Do not send pay stubs.

**A. Your earnings Job #1:** \$ \_\_\_\_\_ per \_\_\_\_\_  
Employer #1 (Center): \_\_\_\_\_  
Number of hours you work per week: \_\_\_\_\_  
Number of weeks you work per year: \_\_\_\_\_

**B. Your earnings Job #2:** \$ \_\_\_\_\_ per \_\_\_\_\_  
Employer #2: \_\_\_\_\_  
Number of hours you work per week: \_\_\_\_\_

**C. Are you a student?**  Yes  No  
If yes, answer 1-3. If no, go to D.

- 1. Scholarship / Grant #1: \$ \_\_\_\_\_
- 2. Scholarship / Grant #2: \$ \_\_\_\_\_
- 3. Scholarship / Grant #3: \$ \_\_\_\_\_

**D. Child support / Alimony:** \$ \_\_\_\_\_

**E. TANF (AFDC) / SSI:** \$ \_\_\_\_\_

**F. YOUR TOTAL INCOME:** \$ \_\_\_\_\_

## Family Child Care Home Owner STATEMENT OF INCOME

**Instructions:** This sheet will help you determine your monthly earnings from your family child care home. For income, base your answers on last month's receipts. (Use the enclosed Payment Worksheet or submit a list of the children, amount paid by parents, amount of subsidy and / or VPK reimbursement.) For expenses, use an average month.

**✍ USE PENCIL ✍ USE PENCIL ✍ USE PENCIL ✍**

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

2. **Total Monthly Parent Payments** \$ \_\_\_\_\_

3. Amount of your USDA Food Program Reimbursement \$ \_\_\_\_\_

4. Amount of your Child Care Subsidy \$ \_\_\_\_\_

5. Amount of VPK Reimbursement \$ \_\_\_\_\_

6. **Total Monthly Income** \$ \_\_\_\_\_  
*(Add lines 2, 3, 4 and 5)*

7. In an average month, how much do you spend for children in your child care home on:

a. Food (meals, snacks, formula) \$ \_\_\_\_\_  
 Check if parents supply any food

b. Operating Costs *(utilities, mortgage, rent, etc., allowable as business expense by IRS is about 35% of total household expenses)* See page 7 of application. \$ \_\_\_\_\_

c. Assistant or Substitute: \$ \_\_\_\_\_

d. Crafts/Supplies/Toys/Gifts: \$ \_\_\_\_\_

e. Transportation *(55¢ per mile for 2009)*: \$ \_\_\_\_\_

f. Training Fees *(1/12th of yearly x 20%)*: \$ \_\_\_\_\_

g. Business Insurance *(1/12th of yearly)*: \$ \_\_\_\_\_

h. Cell or separate business phone: \$ \_\_\_\_\_

i. Other (specify \_\_\_\_\_): \$ \_\_\_\_\_

8. **Total Monthly Expenses** \$ \_\_\_\_\_  
*(Add lines 7a through 7i)*

$$\begin{array}{ccccccc}
 \$ \underline{\hspace{2cm}} & - & \$ \underline{\hspace{2cm}} & = & \$ \underline{\hspace{2cm}} \\
 \text{Income} & & \text{Expenses} & & \text{Monthly} \\
 \text{Line 6} & \text{minus} & \text{Line 8} & & \text{Profit/(Loss)}
 \end{array}$$

# Sponsor Agreement

The Bachelor of Applied Science Degree Scholarship offered through the Children's Forum T.E.A.C.H. Early Childhood® Scholarship Program requires the participation of each scholarship recipient's employer. In the event this applicant is awarded the BAS Degree scholarship, this center agrees to participate as indicated below. Check appropriate box and select option A or B where appropriate.

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

1. The center will pay 15% of the cost of the scholarship recipient's tuition for courses totaling 9-18 credit hours per year toward the Bachelor of Applied Science Degree. **-AND-**
2. The center will provide three hours per week of paid release time when the college is in session regardless of the number of courses taken. **-AND-**
3. At the end of the contract year, upon completion of 9-18 credit hours, the center will (*check one of the following*):  
 A. award a \$300 bonus paid in two installments **-OR-**  B. award a 2% raise.

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

1. The center will pay 15% of the cost of the scholarship recipient's tuition for courses totaling 9-18 credit hours toward the Bachelor of Applied Science Degree. **-AND-**
2. At the end of the contract year, upon completion of 9-18 credit hours, the center will (*check one of the following*):  
 A. award a \$300 bonus paid in two installments **-OR-**  B. award a 2% raise.

**Applicant is CENTER OWNER OR FAMILY CHILDCARE PROVIDER**

The applicant will pay 20% of the cost of the tuition for courses totaling 9-18 semester hours toward the Bachelor of Applied Science Degree.

I affirm this applicant's date of hire is \_\_\_\_\_. By signing this document I agree to the terms stated above and affirm that:

1. this applicant works \_\_\_\_\_ hours per week **-and-**
2. is paid for \_\_\_\_\_ weeks per year (For seasonal employees, applicant works (name of month) \_\_\_\_\_ through (name of month) \_\_\_\_\_) **-and-**
3. at a rate of \$ \_\_\_\_\_ per hour (If employee is salaried, yearly salary is \$ \_\_\_\_\_) **-and-**
4. the applicant works \_\_\_\_\_ hours per week in the classroom or after school program.

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

\_\_\_\_\_  
(E-mail address)

\_\_\_\_\_  
(Signature of Applicant's Supervisor or Center Owner)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(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



## Program Information

\_\_\_\_\_  
(Legal Name of Sponsoring Center)

\_\_\_\_\_  
(Center P. O. Box or Mailing Address)

\_\_\_\_\_  
(City/State/Zip)

\_\_\_\_\_  
(County)

License # \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_  
(License-exempt centers ONLY should give Federal ID#)

Center Auspices:  Profit  Nonprofit  VPK  Head Start  Public  Faith-based

Is your center NAEYC accredited?  Yes  No

Is your center Gold Seal approved?  Yes  No

Number of children licensed for \_\_\_\_\_ Number of children enrolled \_\_\_\_\_

## Applicant Affirmation - Read Very Carefully Before Signing

I understand as an employee of the center I will be responsible for 10% of the cost of tuition and books. If I am a center owner or family childcare provider, I will be responsible for 20% of the cost of tuition and books. **Upon completion of one contract year, I agree to continue working at my sponsoring center for one year and commit to working an additional year in the childcare field.** 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 understand that my benefits may be reduced if I am receiving other financial/scholarship assistance. **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)

## Essay and Transcript Requirement

1. On a separate piece of paper, tell us about yourself, your interests, hobbies and how you got to where you are today (100 – 200 words typed).
2. Please tell us what your professional goals in early childhood education are and describe how a Bachelor of Applied Science Degree will help you achieve these goals. Include your long-term career goals. (200 - 500 words typed).
3. Include an unofficial transcript when you return your completed application to our office.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**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 <b>OR</b> Rent (Military personnel living on base should enter the amount deducted monthly from paychecks to cover housing expense) <input type="checkbox"/> Check here if on-base military .....	\$ _____
Electricity and/or Gas .....	\$ _____
Water and Garbage ( <b>per month</b> ) <i>(Divide quarterly bill by 3 to get monthly)</i> .....	\$ _____
Basic telephone <i>(no long distance)</i> If business has a separate telephone, list it <b>under 7h on page 3</b> of application .....	\$ _____
Internet access .....	\$ _____
Other (specify – exterminator? bottled water?) .....	\$ _____
Other (specify - lawn maintenance?) .....	\$ _____
Total <b>Monthly</b> Operating Expenses for the <b>whole</b> house .....	\$ _____
Multiply by 35%, <b>approximate</b> amount charged to business .....	_____ x .35
Total Monthly Business Operating Expenses ( <b>line 7b- Page 3</b> ) .....	\$ _____

**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 50.5¢ 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 50.5¢ per mile deduction is good for 2008 taxes. The deduction will change for 2009.

**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, 100% 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.)