



T.E.A.C.H. Early Childhood® INDIANA Scholarship Application

DATE: _____

Name: _____ SSN#: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Date of Birth(mm/dd/yyyy): _____ Gender: Male Female

Family Structure: Married Single Other: _____ How many in household: _____

Are you of Hispanic, Latino, or Spanish origin?

- No Yes, Cuban
 Yes, Mexican, Mexican American, Chicano Other Hispanic, Latino, or Spanish
 Yes, Puerto Rican

Do you consider yourself...?

- White Asian Indian Japanese Other Asian Samoan
 Black/African American Chinese Korean Native Hawaiian Other Pacific Islander
 American Indian/Alaska Native Filipino Vietnamese Guamanian/Chamorro Other: _____

Scholarship Model Applying for: (CHOOSE ONLY ONE)

- Child Development Associate (CDA) Early Childhood Infant Toddler Certificate
 Early Childhood Associate Degree Early Childhood Administrator Credential/Certificate
 Early Childhood Bachelor Degree Early Childhood Equivalency

Which community college/university would you like to attend? _____

Are you currently enrolled at a community college/university? No Yes

I have completed required placement testing: Yes No—Date it is Scheduled: _____

When would you like your scholarship to begin? FALL (Aug-Dec) SPRING (Jan-May) YEAR: _____

Have you completed the FAFSA Application? No Yes

EMPLOYMENT STATUS

Date of Hire: _____ Rate of pay: \$ _____ /hour Hours worked/week: _____

How long have you worked in the field of early childhood? Less than 2 years 2-5 years 6-10 years 10+ years

What is your current job title?

- Teacher Director Family Child Care Owner Other: _____
 Teacher Assistant Assistant Director Early Head Start Home Visitor

What age groups do you teach? (please check all that apply)

- Infants (0–12 Months) Toddler(13–36 Months) Preschool (37 Months–PreK) School Age Home Visitor

How many children are in your classroom? _____

RETURN COMPLETED APPLICATION TO INDIANA AEYC

T.E.A.C.H. Early Childhood® INDIANA is a licensed program of Child Care Services Association. This program is supported by funding from the Child Care Development Block Grant awarded to the Office of Early Childhood and Out-of-School Learning, a division of the Indiana Family and Social Services Administration.



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Educational History:

- No high school diploma
- High school diploma/HSE
- CDA Credential—Expiration Date: _____
- Associate Degree—Major: _____
- Bachelor Degree—Major: _____
- Masters Degree—Major: _____

What best describes your educational goals at this time?

- Earn a Child Development Associate (CDA) Credential (Infant/Toddler | Preschool | Family Child Care)
- Earn Infant Toddler Credential/Certificate
- Earn Early Childhood Administrator Credential/Certificate
- Take a few early childhood courses to meet early childhood education equivalency
- Earn an Early Childhood Associate Degree (Associate of Applied Science)
- Earn an Early Childhood Associate Degree and transfer to a four-year college/university to earn a Bachelor Degree (TSAP)
- Earn a Bachelor Degree in Early Childhood Education with teaching licensure
- Earn a Bachelor Degree in Early Childhood Education (non-licensure)
- Earn an Bachelor Degree in Child Development
- Earn a Master's Degree in Early Childhood Education/Child Development
- Earn a Master Teacher Credential (graduate level)

How did you hear about the T.E.A.C.H. Early Childhood® INDIANA Project?

- Presentation
- My Center Director
- College
- Indiana AEYC Conference
- Mailing
- T.E.A.C.H. Recipient
- Coach
- Indiana AEYC Website
- CCR&R Agency
- Workshop
- Other: _____

STATEMENT & SIGNATURE OF APPLICANT

Check All

- I attest to the fact that the information that I have provided is true and accurate. Based on this information I am applying to the Indiana AEYC/T.E.A.C.H. Early Childhood® INDIANA for educational scholarship. I am aware that I may be required to pay a portion (10-20%) of the cost of tuition and books. I am also aware there is a contractual commitment to work for my sponsoring center or continue to own my family child care after completion of each contract. I understand I must report all changes of information within 7 calendar days.
- I attest I have met or exceeded the requirement for a National Criminal History Check as set forth in IC 10-13-3-3 in compliance with the Indiana Legislation SEA 305 and HEA 1494 effective July 1, 2013, and as required by the Office of Early Childhood and Out-of-School Learning, a division of the Indiana Family and Social Services Administration.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

Employer: _____ License/Registered/IDOE#: _____

PLEASE ATTACH the following documentation *(required to process your application)*

- income verification *(pay stubs for the last 30 days OR Taxes-1040-pg 1 & 2, Schedule C business)*
- placement scores *(as required)*
- curriculum plan *(signed by advisor)*
- copy of program license/registration
- transcript *(from any prior college experience)*
- personal responsibilities agreement *(App-pg 4)*
- all items checked on application checklist

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STATEMENT OF INCOME

Statement of Income—Completed by all applicants

List sources of income available to you. For your source of income, you must provide a copy of verification of that income. A statement from your employer indicating your weekly working hours and rate of pay (on center letterhead) or copies of all your pay stubs for the last 30 days will verify earnings. **Family child care home providers must also complete the Statement of Income on the right, along with legal documentation of income.**

- A. Employer #1: _____
- B. Earnings Job #1: \$ _____/hour
- C. Number of hours worked _____/week
- D. Employer #2: _____
- E. Earnings Job #2: \$ _____/hour
- F. Number of hours worked _____/week
- G. Are you currently a student? No Yes*
 - H. *Scholarship/Grant #1: \$ _____
 - I. *Scholarship/Grant #2: \$ _____
 - J. *Student Loan: \$ _____
- K. Child support/alimony: \$ _____
- L. TANF/Supplemental Security Income: \$ _____
- M. YOUR Total Income \$ _____
Spouse's Income (documentation not required) \$ _____
- N. Total FAMILY income (MONTHLY or YEARLY) \$ _____

Family Child Care Owners—(Additional information required)

Use this to calculate your monthly earnings from your family child care home. Base your answers on last month's receipts. You must include verification of your income, such as copies of your Schedule C(taxes), receipts from each child in your care or a statement detailing your weekly rate and the number of children in your care.

- 1. What is the total amount paid to you by parents each week?
(Do not include CCDF Voucher Payments) \$ _____
- 2. Total Monthly parent fees
[Multiply Line 1 by 4.33 (weeks/month)] \$ _____
- 3. Total Monthly USDA Child & Adult Care Food Program reimbursement? \$ _____
- 4. Total Monthly subsidy reimbursement for children in your care?
(include CCDF Voucher payments here) \$ _____
- 5. Total Monthly Revenue *[Add lines 2, 3, and 4]* \$ _____

Average Monthly expenditures for children in your family child care home for the following categories: *(receipts not needed)*

- 6. Food: \$ _____
- 7. Toys: \$ _____
- 8. Assistant/Substitute wages: \$ _____
- 9. Crafts/Supplies: \$ _____
- 10. Transportation (\$0.45/mile): \$ _____
- 11. Training fees: \$ _____
- 12. Gifts for children/families: \$ _____
- 13. Other: _____ \$ _____
- 14. Total Monthly Expenses *[Add lines 6-13]* \$ _____

REVENUE <i>(line 5)</i>	\$ _____
<i>[minus]</i> EXPENSES <i>(line 14)</i>	-\$ _____
TOTAL MONTHLY EARNINGS <i>(enter on Line B, left)</i>	\$ _____

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RECIPIENT PERSONAL RESPONSIBILITIES AGREEMENT

This is an agreement between T.E.A.C.H. Early Childhood® INDIANA and the scholarship recipient
_____. Please read carefully and then sign this agreement. Both your official Contract
(Form A) AND this Agreement must be signed and on file before any reimbursements or charge approvals will take place.

Printed Name of Applicant

Should you be awarded a T.E.A.C.H. Early Childhood® INDIANA Scholarship - You should be very proud of yourself for investing in your own future and increasing your education. This scholarship represents an amazing opportunity – a debt free college education! This benefit to you comes with various responsibilities.

As a T.E.A.C.H. Early Childhood® INDIANA Scholarship Recipient, I will:

- Attend class, study, work hard and be a responsible student. This is a great opportunity that should be taken seriously.
- Regularly communicate with my TEACH professional development advisor. My advisor is available to help guide me through the process of attending college as well as balancing my college, work and family responsibilities. He/She is just a phone call or email away and can answer many questions.
- Submit reimbursement forms in a timely manner. Class registration forms must be submitted in time for PD Advisors to forward to the appropriate school or charge approval. Form B's must be submitted for reimbursement of tuition, books and travel claims during the first week of each semester. If my model includes paid release time, I will sign the Form C's, be sure my director (if applicable) signs the Form C and submit claims monthly, with the final claim being submitted 1 business day of final class each term.
- Contact my PD Advisor regarding any changes to my employment or college status, or if I am having difficulty in meeting my course/college requirements or scholarship contract.
- Submit my grades within 72 business hours (3 business days) following grades being posted. Keeping my scholarship record up-to-date is critical to ensuring that I can continue my education without unnecessary delays.
- Pay my bills from T.E.A.C.H. and/or my college in a timely manner. It is my responsibility to ensure that I am meeting all of my obligations. *(Reminder: Option 1 recipients are responsible for a portion of the cost of tuition and books.)*
- Commit to employment at the sponsoring center for one additional year upon successful completion of each contract.

Signature of Recipient: _____ Date: _____

Printed Name of Recipient: _____

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CHILD CARE FACILITY PARTICIPATION AGREEMENT

To be used by applicants and completed by SPONSORING CENTER

The T.E.A.C.H. Early Childhood® INDIANA Scholarship, offered through the Indiana 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 agrees to participate

Printed Name of Applicant

in one of the following ways (please check one to indicate which option you prefer):

_____ **OPTION 1** The sponsoring center agrees to:

1. Pay 10% of the cost of tuition and books for courses at a local college or university for the scholarship employee.
Check Applicable: ASSOCIATES: 9-12 credits BACHELORS: 9-12 credits

2. Provide paid release time each week for my scholarship employee.
 ASSOCIATE RECIPIENTS: The amount of release time is equal to the number of credit hours the employee is taking up to a maximum of 6 hours per week when the college/university is in session.
Check Applicable: BACHELOR RECIPIENTS: Provide 2 hours per week of paid release time when the university is in session regardless of the number of courses taken.

3. At the end of each year, award a bonus or salary increase on successful completion of contract hours:
Chose ONE: Bonus Salary Increase
 ASSOCIATE RECIPIENTS: Upon completion of 9 credit hours, award a 2% raise or a \$300 bonus. Upon completion of 10-12 hours, award a 3% raise or a \$400 bonus.
Check Applicable: BACHELOR RECIPIENTS: Upon completion of 9 credit hours, award a 2% raise or a \$300 bonus. Upon completion of 10-12 hours, award a 3% raise or a \$400 bonus.

_____ **OPTION 2** The sponsoring center agrees to:

1. Pay 20% of the cost of tuition and books for courses at a local college or university for the scholarship employee.
Check Applicable: ASSOCIATES: 9-12 credits BACHELORS: 9-12 credits

2. Provide paid release time each week for my scholarship employee.
 ASSOCIATE RECIPIENTS: The amount of release time is equal to the number of credit hours the employee is taking up to a maximum of 6 hours per week when the college/university is in session.
Check Applicable: BACHELOR RECIPIENTS: Provide 2 hours per week of paid release time when the university is in session regardless of the number of courses taken.

3. At the end of each year, award a bonus or salary increase based on successful completion of contract hours:
Chose ONE: Bonus Salary Increase
 ASSOCIATE RECIPIENTS: Upon completion of 9 credit hours, award a 2% raise or a \$300 bonus. Upon completion of 10-12 hours, award a 3% raise or a \$400 bonus.
Check Applicable: BACHELOR RECIPIENTS: Upon completion of 9 credit hours, award a 2% raise or a \$300 bonus. Upon completion of 10-12 hours, award a 3% raise or a \$400 bonus.

By signing below I assure the option was chosen by the employer.

Sponsoring Center Name: _____

Signature of Chairperson/Owner: _____ Date: _____

Printed Name of Chairperson/Owner: _____

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CHILD CARE FACILITY INFORMATION

Full Legal Center/Home/Registered Ministry Name: _____

Name of Director: _____

Facility Address: _____

City: _____ State: _____ Zip: _____ County: _____

Facility Phone: _____ Facility Fax: _____

Facility Email Address: _____

License/RM Certificate #(please attach a copy): _____ Exempt: No Yes

Capacity/Number of Children Enrolled: _____

Please check all forms of funding your facility receives:

- Head Start
- IDEA
- State Subsidies: Contracts
- Early Head Start
- On My Way PreK (OMWPK)
- Elementary School Education Act (ESEA)

Center Type: Licensed School Head Start Public School Registered Ministry Private School

Center Auspices: Profit Nonprofit Head Start

Is this Child Care Program owned or managed by another organization? (Head Start or Multi-Site Programs) No Yes

Name of Parent Company: _____

Address: _____

Accredited: No Yes: Accrediting Body: _____

Paths to QUALITY™: No Yes: Level: 1 2 3 4

We assure that this agency/program/school has met or exceeded the requirement for a National Criminal History Check of all its child care employees and volunteers in compliance with the Indiana Legislation SEA 305 and HEA 1494 effective July 1, 2013, and as required by the Office of Early Childhood and Out-of-School Learning, a division of the Indiana Family and Social Services Administration.

Signature of Chairperson/Owner: _____ Date: _____

Printed Name of Chairperson/Owner: _____

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