

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

**DATE:** \_\_\_\_\_

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

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: \_\_\_\_\_ Of those,  
how many are: Your Parents: \_\_\_\_\_ Siblings: \_\_\_\_\_ Spouse/Significant Other: \_\_\_\_\_ Children: \_\_\_\_\_ Other: \_\_\_\_\_

Have either of your parents or any of your brothers or sisters attended college? ☐ No ☐ Yes

Do either of your parents or any of your brothers or sisters have a college degree? ☐ No ☐ Yes

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)

- |   |   |
|---|---|
| <input type="checkbox"/> Child Development Associate (CDA)          | <input type="checkbox"/> Early Childhood Master Teacher Certificate           |
| <input type="checkbox"/> Early Childhood Associate Degree           | <input type="checkbox"/> Early Childhood Administrator Credential/Certificate |
| <input type="checkbox"/> Early Childhood Bachelor Degree            | <input type="checkbox"/> AIM4Excellence Administrator Credential              |
| <input type="checkbox"/> Early Childhood Master's Degree            | <input type="checkbox"/> Early Childhood Transition To Teaching               |
| <input type="checkbox"/> Early Childhood Infant Toddler Certificate | <input type="checkbox"/> Working Scholar Model                                |

Which community college/university would you like to attend? \_\_\_\_\_

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

If yes, how far have you progressed toward your degree? \_\_\_\_\_

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) ☐ SUMMER (Jun-Jul) YEAR: \_\_\_\_\_

Have you completed the FAFSA Application? ☐ No ☐ Yes

Do you have a desktop computer/laptop/tablet? ☐ No ☐ Yes

Do you have internet access? ☐ No ☐ Yes

### 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.

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

### EDUCATION INFORMATION

Please attach a copy of your transcript(s) and an acceptance letter from desired community college or university.

Are you CPR/First Aid Certified? ☐ No ☐ Yes

Please check the box indicating what credentials and specializations you currently hold

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> CDA: Infant/Toddler         | <input type="checkbox"/> CDA: Home Visitor          | <input type="checkbox"/> Post BA (state teaching license) |
| <input type="checkbox"/> CDA: Preschool              | <input type="checkbox"/> Specialization: Bi-Lingual | <input type="checkbox"/> Not Applicable                   |
| <input type="checkbox"/> CDA: Family Child Care Home | (language: _____)                                   |   |

#### Educational History:

- |  |   |
|--|---|
| <input type="checkbox"/> No high school diploma                | <input type="checkbox"/> Bachelor Degree—Major: _____ |
| <input type="checkbox"/> High school diploma/HSE               | <input type="checkbox"/> Masters Degree—Major: _____  |
| <input type="checkbox"/> CDA Credential—Expiration Date: _____ | <input type="checkbox"/> Doctorate                    |
| Associate Degree—Major: _____                                  |   |

#### What best describes your educational goals at this time?

If you are applying for a bachelors degree scholarship, please include an admission letter form participating university as well as transcript from a four year college/university or transcript evaluation showing at least 55 credit hours of transferable credit.

- ☐ 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
- ☐ AIM4Excellence Administrator Credential
- ☐ 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)
- ☐ Earn a Transition to Teaching Certificate
- ☐ Earn an Early Childhood Master Teacher Certificate

#### What is your preferred language for learning?

Are you currently enrolled in an Early Childhood Associate Degree Program or a child development undergraduate program? ☐ No ☐ Yes

Have you taken any college courses in the past two years? ☐ No ☐ Yes

Have you taken any ECE credits in the past two years? ☐ No ☐ Yes; how many? \_\_\_\_\_

How many credit hours have you completed? \_\_\_\_\_

How many credits do you have remaining to complete your degree? \_\_\_\_\_

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

**EDUCATION INFORMATION**

What is your expected graduation date? (mm/dd/yyyy) \_\_\_\_\_

When would you like your scholarship to begin? ☐ Fall ☐ Spring ☐ Summer Year \_\_\_\_\_

Which Indiana College do you/would you attend? (do not abbreviate) \_\_\_\_\_

Which of the participating colleges/universities would / do you attend?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Ball State University                                  | <input type="checkbox"/> Indiana Wesleyan University | <input type="checkbox"/> Purdue University - Fort Wayne     |
| <input type="checkbox"/> Bethel University                                      | <input type="checkbox"/> IVY Tech Community College  | <input type="checkbox"/> Purdue University - West Lafayette |
| <input type="checkbox"/> Indiana University - Bloomington                       | <input type="checkbox"/> Martin University           | <input type="checkbox"/> Saint Mary-of-the-Woods College    |
| <input type="checkbox"/> Indiana University-Purdue University -<br>Indianapolis | <input type="checkbox"/> Oakland City University     | <input type="checkbox"/> University of Indianapolis         |
|   | <input type="checkbox"/> Purdue Northwest            | <input type="checkbox"/> University of Southern Indiana     |

Do you have a desktop computer / laptop / tablet? ☐ No ☐ Yes

Do you have internet access? ☐ No ☐ Yes

**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 (5-20%) 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#: \_\_\_\_\_

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

### RECIPIENT PERSONAL RESPONSIBILITIES AGREEMENT

This is an agreement between T.E.A.C.H. Early Childhood® Indiana and the scholarship applicant

\_\_\_\_\_. Printed Name of Applicant Please read carefully and then sign this agreement initialling next to each line item. As part of your application, this agreement **must** be signed and submitted along with any other required documents before your application can be considered complete.

**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 T.E.A.C.H. 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.
- Contact my professional development 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 30 days of the close of the semester. 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.
- Notify T.E.A.C.H. within 10 days of changes to personal contact information including mailing address, phone number, and email address.
- Agree to complete an Automatic Clearing House (ACH) Form, provide documentation of current banking information and update as needed, so CCSA can provide direct electronic payments for scholarship related claims.

Signature of Applicant:\_\_\_\_\_ Date:\_\_\_\_\_

Printed Name of Applicant:\_\_\_\_\_

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

**EMPLOYMENT HISTORY**

| Employment Experience - include paid and volunteer experience starting with the most recent |                      |               |                     |                            |
|---|----------------------|---------------|---------------------|----------------------------|
| Name of Employer/Agency   | From/To (mm/dd/yyyy) | Position Held | Reason for Leaving? | Duties (brief description) |
|   |                      |               |                     |                            |
|   |                      |               |                     |                            |
|   |                      |               |                     |                            |
|   |                      |               |                     |                            |
|   |                      |               |                     |                            |
|   |                      |               |                     |                            |
|   |                      |               |                     |                            |

**EMPLOYMENT STATUS**

**What is your current job title?**

- ☐ Teacher      ☐ Administrator      ☐ Non-Teaching Professional Staff      ☐ ECE Apprentice  
☐ Assistant Teacher      ☐ Family Based Professional      ☐ Non-Teaching Support Staff      ☐ Other \_\_\_\_\_

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

- ☐ Infants (0-12 Months)      ☐ Preschool (37 Months - PreK)      ☐ Other \_\_\_\_\_  
☐ Toddler (13 - 36 Months)      ☐ School Age

**Is your center an On My Way Pre-K Site?**    ☐ No      ☐ Yes

**Is you a teacher in an Indiana Pre-K Classroom?**    ☐ No      ☐ Yes

**Is the facility where you work a Head Start facility?**    ☐ No      ☐ Yes

**How long have you worked in the field of early childhood?**

- ☐ Less than 2 Years      ☐ 2 - 5 Years      ☐ 6 - 10 Years      ☐ 10+ Years

**How many children are in your classroom or child care facility (if you don't work in 1 classroom)?** \_\_\_\_\_

**How many hours per week do you work?** \_\_\_\_\_ **How many months per year do you work?** \_\_\_\_\_

**Beginning date of employment at current facility (mm/dd/yyyy)?** \_\_\_\_\_

**What is your current hourly salary?** \_\_\_\_\_

**RETURN COMPLETED APPLICATION TO INDIANA AEYC**

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

### RECIPIENT TESTAMENT AND AGREEMENT

#### PARTICIPATION TESTAMENT

I hereby declare that I would like to participate in the Working Scholars Program in the following way (choose only one):

\_\_\_\_\_ **Option 1:**

Complete 1 semester of coursework with a total of 6 credit hours

\_\_\_\_\_ **Option 2:**

Complete multiple semesters of coursework for a maximum 5 semesters

#### PARTICIPATION AGREEMENT

I am aware that if I receive this award, I will be expected to work in an Indiana licensed (or registered or certified) child care setting for six months for each semester of the award. If I am unable to complete this commitment for any semester a stipend was given, I will be required to repay INAEYC for each corresponding stipend.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### EMPLOYER TESTAMENT AND AGREEMENT

This agreement must be completed by the center director or owner for teachers.

The T.E.A.C.H. Early Childhood Working Scholars Program offered through Indiana AEYC is available to center-based teachers whose employer is unwilling to sponsor them on a comprehensive scholarship. In the event that (*Applicant Name*) \_\_\_\_\_ is awarded a scholarship, I confirm that (*Center Name*) \_\_\_\_\_ will NOT sponsor the aforementioned applicant on a comprehensive T.E.A.C.H. Early Childhood scholarship. By signing this agreement I also acknowledge my understanding that this individual is not obligated to complete their commitment period at our facility.

Please print name of Director or Owner: \_\_\_\_\_

Signature of Director or Owner: \_\_\_\_\_

Program License or Registration Number: \_\_\_\_\_

Center Name: \_\_\_\_\_

Center Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

#### Please check all forms of funding your facility receives:

- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/> Head Start       | <input type="checkbox"/> State PreK | <input type="checkbox"/> State Subsidies: Contracts |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> IDEA       | <input type="checkbox"/> State Subsidies: Vouchers  |
| <input type="checkbox"/> State Head Start | <input type="checkbox"/> Title I    | <input type="checkbox"/> N/A                        |

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

### For Head Start or Multi-Site Programs

Is this child care program owned or managed by another organization? ☐ No ☐ Yes

If yes, give the parent company name/address: \_\_\_\_\_

### For All Programs

Number of Children: \_\_\_\_\_ Licensed for: \_\_\_\_\_ Enrolled: \_\_\_\_\_

Center Auspice: ☐ Profit ☐ Non Profit ☐ Head Start

Center Star Rating: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ GS110

Is your Center accredited? ☐ Yes ☐ No

If yes, by whom? \_\_\_\_\_

## APPLICATION CHECK LIST

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

- |  |   |
|--|---|
| <input type="checkbox"/> income verification ( <i>pay stubs for the last 30 days<br/>OR Taxes-1040-pg 1 &amp; 2, Schedule C business</i> ) | <input type="checkbox"/> transcript ( <i>from any prior college experience</i> )          |
| <input type="checkbox"/> copy of program license/registration  | <input type="checkbox"/> all items checked on application checklist                       |
| <input type="checkbox"/> personal responsibilities agreement ( <i>App-pg 4</i> )   | <input type="checkbox"/> admission letter (for bachelor and graduate<br>level applicants) |
| <input type="checkbox"/> placement scores ( <i>as required</i> )   | <input type="checkbox"/> Transcript evaluation (for bachelor's)                           |
| <input type="checkbox"/> curriculum plan ( <i>signed by advisor</i> )  |   |

## RETURN COMPLETED APPLICATION TO INDIANA AEYC

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

### 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 (line 5) \$

[minus] EXPENSES (line 14) -\$

**TOTAL MONTHLY EARNINGS**  
(enter on Line B, left) \$

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Please describe your professional goals in early childhood education and how a Certificate, Bachelor's Degree or Master's Degree will help you reach them.

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across its entire width, providing a template for writing or drawing. The margins are consistent on all sides.

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