

TEACH 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 I prefer not to answer

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 I prefer not to answer

Do you consider yourself...?

- White Chinese Vietnamese Samoan
 Black/African American Filipino Other Asian Other Pacific Islander
 American Indian/Alaska Native Japanese Native Hawaiian Other: _____
 Asian Indian Korean Guamanian/Chamorro I prefer not to answer

Scholarship Model Applying for: (CHOOSE ONLY ONE)

- Child Development Associate (CDA) Early Childhood Master Teacher Certificate
 Early Childhood Associate Degree Early Childhood Administrator Credential/Certificate
 Early Childhood Bachelor Degree AIM4Excellence Administrator Credential
 Early Childhood Master's Degree Early Childhood Transition To Teaching
 Early Childhood Infant Toddler Certificate 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

TEACH 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.

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

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

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/TEACH 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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RECIPIENT PERSONAL RESPONSIBILITIES AGREEMENT

This is an agreement between TEACH Early Childhood® Indiana and the scholarship 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.

Printed Name of Applicant

Should you be awarded a TEACH 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 TEACH 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.
- 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 TEACH and/or my college in a timely manner. It is my responsibility to ensure that I am meeting all of my obligations.
- Notify TEACH 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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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? _____

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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)

_____ **Option 1:**
Complete 1 semester of coursework with a total of 6 credit hours

_____ **Option 2:**
Complete multiple semesters of courseowrk 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 TEACH 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 TEACH 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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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</i> OR <i>Taxes-1040-pg 1 & 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 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>) | |

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

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