

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

Scholarship Application for Center-Based Staff



Check one only: Staff Credential Director Credential AS Degree

Legal Name _____
First Name Middle Name Last Name Maiden Name and/or Previous Last Names

Home Mailing Address _____ Apt # _____

City/State _____ Zip+4 _____ County _____

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

Social Security Number _____ Birthdate (mm/dd/yyyy) _____

Email _____ Female Male

Employment Status

What is your current job title?	<input type="checkbox"/> Teacher	<input type="checkbox"/> Family-Based Professional
	<input type="checkbox"/> Assistant Teacher	<input type="checkbox"/> Non-Teaching Professional Staff
	<input type="checkbox"/> Administrator	<input type="checkbox"/> Non-Teaching Support Staff
	<input type="checkbox"/> Check if applicant is also center owner	
What age group(s) do you teach? (please check all that apply)	<input type="checkbox"/> Infants (0-12 months)	<input type="checkbox"/> Preschool (37 months – PreK)
	<input type="checkbox"/> Toddlers (13-36 months)	<input type="checkbox"/> School age
How long have you worked in the field of early childhood?	<input type="checkbox"/> Less than 2 years	<input type="checkbox"/> 6-10 years
	<input type="checkbox"/> 2-5 years	<input type="checkbox"/> 10+ years

How many children are in your classroom or child care home? _____
 Do you teach in one of these classrooms? VPK Head Start N/A
 Beginning date of employment at your current center/workplace? (mm/dd/yyyy) _____
 How many hours per week do you work in the classroom with birth through PreK children? _____

Educational History

Name of High School Graduated from OR Name of GED Program	City and State	Dates Attended	High School Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No	GED? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please check the box(es) that best describe your educational history:

- No high school diploma/GED
- High school diploma/GED earned
- One-year certificate earned
- College credits earned _____
- Associate degree earned – Major: _____
- Bachelor degree earned – Major: _____
- Masters degree earned – Major: _____
- Doctorate

Please check one that best describes your educational goals:

- Earn an early childhood or school age credential
- Take a few early childhood courses to obtain or upgrade job-related skills
- Earn an early childhood, infant/toddler or school-age certificate
- Earn an early childhood associate degree
- Earn an early childhood associate degree and transfer to a 4-year college/university to earn a bachelor degree

For T.E.A.C.H. use only
QUAL APP _____ Authorized _____

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

Are you currently attending a Florida college/training institution? Yes No

If yes, name of school _____

Which college or training program would you like to attend for classes covered by this scholarship? We cannot issue contracts without knowing which Florida school and which term you are or will be attending. Call T.E.A.C.H. at 1-877-358-3224 to check if an online program can be covered by a T.E.A.C.H. scholarship. Specify one Florida school or online program by name.

Name of school, including online program: _____

Is this an online program? Yes No

When would you like your scholarship to begin? Check one term only. It can take 6-8 weeks to process your application and award you a scholarship.

Spring (Jan-April) Summer A (May-June) Summer B (June-July) Before July 1 After June 30 Fall (Aug-Dec) I'll start if and when I am awarded a scholarship

Actual date class began/will begin (**call the school**) _____ What year? _____

Check all that apply: currently enrolled currently attending seeking reimbursement (**Date paid** _____) N/A

Do you have your Florida Staff Credential (FCCPC / ECPC / CDAE)? Yes No Enrolled
Do you have your National CDA Credential? Yes No Applied

If yes, year certificate was earned and school: _____

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

Presentation Mailing CCR&R Agency College/School My Center Director
 Workshop Website T.E.A.C.H. recipient Other (specify) _____

PROGRAM INFORMATION

Legal Name of Center: _____

P.O. Box/Mailing Address: _____

City/State/Zip: _____, FL _____ County: _____

Phone # () _____ Fax # () _____

License # _____ **AND** Federal ID / Taxpayer ID # _____

Signed by Director or Owner _____ Print name _____

Does your center offer Voluntary Pre-K? Yes No ▲ Is your center a QRIS center? Yes No

Center Auspices (check all that apply): Profit Nonprofit Public Faith-based

Please check all forms of funding your center receives:

Head Start Early Head Start State Head Start VPK
 Title I IDEA State Subsidies: contracts State subsidies: vouchers

Is your center NAEYC accredited? Yes No Other accreditation _____

Number of children licensed for _____ Number of children enrolled _____

CENTER-BASED SPONSOR AGREEMENT

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

As this applicant's supervisor, the owner or a duly authorized representative of the childcare facility named on the previous page, I agree to all conditions listed below. (Please check appropriate boxes and sign below.)

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

1. The center will pay 20% of Staff Credential tuition **and** 20% of the National CDA Assessment fee if applicable **or** 10% of Director Credential tuition **or** 15% of the AS degree tuition.

AND

2. The center will provide three hours per week of paid release time when classes are in session regardless of the number of courses taken even if classes are taken at night or online. (Does not apply to Director Credential, recipients working less than 30 hours per week, volunteers, or to recipients during times their centers are closed for vacation, holidays, etc. or if the recipient is on vacation.) T.E.A.C.H. will reimburse the center \$5 for every hour of release time given to qualified employees up to 48 hours per term.

AND

3. At the end of the Staff Credential or AS contract (does not apply to Director Credential) the center will

A. award a \$250 bonus (choose this option for volunteers)

Choose
A or B →

OR

B. award a 2% raise over and above any normally occurring annual increase.

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

1. The center will pay 10% of Staff Credential tuition **and** 10% of the National CDA Assessment fee if applicable **or** 10% of Director Credential tuition **or** 10% of the AS degree tuition.

AND

2. **For AS degree applicants ONLY**, at the end of the contract the center will

A. award a \$250 bonus

Choose
A or B →

OR

B. award a 2% raise over and above any normally occurring annual increase.

Applicant is **CENTER OWNER**

The center will pay 10% of Staff Credential tuition and 10% of the National CDA Assessment fee if applicable **or** 10% of Director Credential tuition **or** 10% of the AS degree tuition.

TO BE COMPLETED BY APPLICANT'S SUPERVISOR, FACILITY OWNER OR REPRESENTATIVE

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

1) works/volunteers _____ hours per week and

2) is paid/volunteers for _____ weeks per year (there are 52 weeks in a year)

3) at a rate of \$ _____ per hour. If employee is salaried, yearly salary is \$ _____.

4) Applicant works/volunteers _____ hours per week in a **classroom** and/or a before or after school program.

For seasonal employees, applicant works _____ (name of month) through _____ (name of month).

I agree this facility will be responsible for the above conditions even if the employee breaks the contract.

(Print Name of Applicant's Supervisor or Facility Owner)

(Email address)

(Signature of Applicant's Supervisor or Facility Owner)

(Title)

(Date)

STATEMENT OF APPLICANT'S INCOME

Instructions: Complete sections A through E below. For income verification for your job, your supervisor must complete and sign the verification of income section on page 3 of this application. Do not send check stubs in lieu of completing the verification of income section. There are 52 weeks in a year.

- A. **Your earnings at Job #1** (sponsoring center)..... \$ _____ per _____
 Name of your sponsoring center _____
 Number of **hours** you work/volunteer **per week** _____
 Number of weeks per year that you are paid/volunteer for (**not** number of pay checks)..... _____
 (Number hours x Number of weeks x Hourly rate)..... **Yearly salary at Job #1.....\$** _____
- B. **Your earnings at Job #2** \$ _____ per _____
 Name of employer #2 _____
 Number of **hours** you work/volunteer **per week** _____
 Number of weeks per year that you are paid/volunteer for (**not** number of pay checks)..... _____
 (Number hours x Number of weeks x Hourly rate)..... **Yearly salary at Job #2.....\$** _____
- C. **YOUR TOTAL INCOME (A + B)**..... \$ _____
- D. **YOUR TOTAL FAMILY INCOME** (your spouse included) \$ _____
- E. Have you applied for any other financial aid (such as Pell Grants, Smart Start Grants or student loans)? No Yes
 Source of financial aid #1 _____
 Date of application: _____ Application status: Awarded Denied Pending
 Source of financial aid #2 _____
 Date of application: _____ Application status: Awarded Denied Pending

APPLICANT'S AFFIRMATION – READ VERY CAREFULLY BEFORE SIGNING

I understand that I will be responsible for 10% of the cost of tuition and books and 10% of the National CDA Assessment fee if applicable. 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 further understand that my benefits may be reduced if I am receiving other financial / scholarship assistance. In addition, **I agree to commit to employment at my sponsoring center for one year after completion of my T.E.A.C.H. contract. I understand that if my application is incomplete or incorrect, it will be returned to me. I have read over this application to ensure completeness and correctness and have made a copy of this application for my own records.** I am a Florida resident.

 Signature of Applicant

 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 [358-3224]
 www.teach-fl.com



DO NOT FAX!!!

Sponsored by the Children's Forum and by Florida's Office of Early Learning