

Florida T.E.A.C.H. Early Childhood® Scholarship Program
National CDA Credential Assessment Scholarship Application
[This scholarship does not include tuition and books]



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 or FCCH 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 family 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?** _____

For FCCH providers only, how many weeks each year is your home open? (There are 52 weeks in a year) _____

How many **hours/day** is your home **actually** open? _____ How many **days/week** is your home open? _____

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 Associate degree earned – Major: _____
- High school diploma/GED earned Bachelor degree earned – Major: _____
- One-year certificate earned Masters degree earned – Major: _____
- College credits earned _____ 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 _____



STOP/ALTO - If you would like T.E.A.C.H. to pay for a portion of your tuition and books, complete the **Staff Credential** (former CDAE) application which also **includes the National CDA Assessment**.

Are you **currently** taking classes toward the National CDA? Yes No
 If **yes**, name of school _____ Date you will finish classes _____

Have you already **earned** a Florida Staff Credential (FCCPC/ECPC) or **completed** your 120 clock hours?
 Yes - If yes, **when** did you receive your **original** Staff Credential/finish 120 hours? (month/year) _____
 If you received your original Credential or completed your 120 clock hours more than 5 years ago, you may need a waiver even if you have renewed your Staff Credential. For waiver information, call toll free 1- 800-424-4310.
 No - If no, **you may be completing the wrong application**. See box above. **When** will you complete your
 Florida Staff Credential **OR** your 120 hours? _____

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) _____

When will you be ready to apply for the Assessment? You must apply within six months of distributing your parent questionnaires, assembling your Professional Resource File and completing your initial observation; otherwise you will need to redo your questionnaires and observation and update your Resource File Statements of Competence, etc.

When will you be ready to apply for the Assessment? _____

Do you have your Assessment packet? No Yes (To order packet, call 1-800-424-4310)

Have you sent your National Assessment application to Washington?

No Yes If yes, when? _____

Have you sent your \$325 application fee to Washington? No Yes If yes, when? _____

PROGRAM INFORMATION

Legal Name of Facility: _____

P.O. Box/Mailing Address: _____

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

Phone # () _____ Fax # () _____

License/registration # _____ **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/facility 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 Child Care Provider STATEMENT OF INCOME

Instructions: For income and employment 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 at Job #1

Name of center _____
 (Salary = Hours worked x weeks worked x hourly rate)
 Number of hours worked/volunteered/per week _____ X
 Number of weeks worked/volunteered per year _____ X
 Hourly rate \$ _____ equals
Yearly Salary.....\$ _____

B. Your earnings at Job #2- _____

Name of employer _____
 (Salary = Hours worked x weeks worked x hourly rate)
 Number of hours worked/volunteered per week _____ X
 Number of weeks worked/volunteered per year _____ X
 Hourly rate \$ _____ equals
Yearly Salary.....\$ _____

C. YOUR TOTAL INCOME (A + B).....\$ _____

D. YOUR TOTAL FAMILY INCOME
 (Your spouse included).....\$ _____

E. Have you applied for other financial aid (such as Pell Grants, Smart Start Grants or student loans)?

No Yes – if 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 AFFIRMATION

I, the applicant, agree to the Option chosen by my employer on page 4 of this application and further agree:

- a) to submit my Direct Assessment application to the T.E.A.C.H. Program;
- b) to complete the Assessment; and
- c) to send a copy of my National Credential certificate to DCF and to my T.E.A.C.H. Counselor.

I am a Florida resident. I have made a copy of my application for my own records. **I understand my application will be returned to me if it is incomplete or incorrect.**

_____ Date

_____ Signature of Applicant

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.**

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 6 of application. _____

c. Assistant or Substitute _____

d. Crafts/toys/gifts/cleaning supplies/paper _____

e. Transportation (55.5¢ per mile for 2012) _____

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) \$ _____

\$ _____ - _____ = \$ _____
 Income Expenses
 Line 6 minus Line 8 **Monthly Profit / (Loss)**

9. Monthly profit x 12 = **YEARLY INCOME**...\$ _____

10. **YEARLY INCOME** from Job #2 \$ _____

11. **TOTAL Family Income** (spouse included)..\$ _____

(SIGN APPLICANT AFFIRMATION AT LEFT)

SCHOLARSHIP SPONSOR / PARTICIPATION AGREEMENT
(THIS SCHOLARSHIP DOES NOT INCLUDE TUITION AND BOOKS – see page 2)

(Supervisor must choose ONE Option Only)

OPTION I – For Center-based applicants and FCCH providers

Applicant agrees to:

- Pay 15% of the Assessment fee (\$48.75 - **send no money**)
- Commit to working in the childcare field in Florida for 6 months after receiving the CDA Credential

Center agrees to:

- No commitment

OPTION II – For Center-based applicants only

Applicant agrees to:

- Commit to employment at the sponsoring center for 9 months after receiving the CDA Credential

Center agrees to:

- Pay 15% of the Assessment fee (\$48.75 - **send no money**)

OPTION III – For Center-based applicants only

Applicant agrees to:

- Pay 7.5% of the Assessment fee (\$24.37- **send no money**)
- Commit to employment at the sponsoring center for 6 months after receiving the CDA Credential

Center agrees to:

- Pay 7.5% of the Assessment fee (\$24.38 - **send no money**)

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

As this applicant’s supervisor, the owner or a duly authorized representative of the childcare facility named on page 2, by signing this document I agree to all conditions listed above. I affirm that this applicant’s date of hire is _____ and that this applicant:

- 1) works/volunteers _____ hours per week and
- 2) is paid/volunteers for _____ weeks per year (there are 52 weeks a year)
- 3) at a rate of \$ _____ per hour. If employee is salaried, yearly salary is \$ _____.
- 4) Applicant works/volunteers _____ hours per week in the classroom and/or in a before or after school program.

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

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

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

 (E-mail Address)

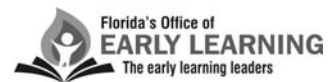
 (Signature of Applicant’s Supervisor or Facility Owner)

 (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



www.teach-fl.com

DO NOT FAX!!!

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

Family Child Care Home Provider Only
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	FOR EACH CHILD: Child Care Subsidy Amount paid to you MONTHLY by subsidizing agency	FOR EACH CHILD: VPK Reimbursement Amount paid to you MONTHLY by the local coalition
		\$	\$	\$
		\$	\$	\$

**(Put total on
Line 1 of page 3)**

**(Put total on
Line 4 of page 3)**

**(Put total 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 Only
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 OR 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 (per month) (Divide quarterly bill by 3 to get monthly).....	_____
Basic telephone (no long distance) HOME phone only. If business has separate/cell phone, list it under 7h on page 3 of application....	_____
Internet access.....	_____
Other (specify – exterminator, etc?) _____	_____
Other (specify - lawn maintenance?, etc.) _____	_____
Total Monthly Operating Expenses for whole house	\$ _____
Multiply by 35% (.35), approximate amount charged to business	_____ x .35
Total Monthly Business Operating Expenses (line 7b- Page 3)	\$ _____

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 55.5¢ 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 55.5¢ per mile deduction was effective 6/30/11 and remains the same for 2012. The deduction will probably change for 2013.

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 classes and books. Multiply yearly total cost of tuition and books by .20 (20%) then divide by 12 months to arrive at a monthly cost. For Assessment fee, divide \$48.75 by 12 months

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. (Don’t forget to divide yearly total by 12 to get a monthly cost.)