



**T.E.A.C.H. Early Childhood® VERMONT Associate Degree Family Child Care Provider  
Scholarship Application**

Date: \_\_\_\_\_

Name			
Phone Number	Home:	Work:	Cell:
Email			
Address			
City, State, Zip			
County			
SSN			
Date of Birth	(mm/dd/yyyy)		
Gender			

**Ethnicity**

***Do you consider yourself....?***

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> White                               | <input type="checkbox"/> Chinese                  | <input type="checkbox"/> Other Asian:<br>_____                |
| <input type="checkbox"/> Black, African Am.<br>Or Negro      | <input type="checkbox"/> Korean                   | <input type="checkbox"/> Other Pacific<br>Islanders:<br>_____ |
| <input type="checkbox"/> American Indian or<br>Alaska Native | <input type="checkbox"/> Guamanian or<br>Chamorro | <input type="checkbox"/> Other race:<br>_____                 |
| <input type="checkbox"/> Asian Indian                        | <input type="checkbox"/> Filipino                 |   |
| <input type="checkbox"/> Japanese                            | <input type="checkbox"/> Vietnamese               |   |
| <input type="checkbox"/> Native Hawaiian                     | <input type="checkbox"/> Samoan                   |   |

***Are you of Hispanic, Latino or Spanish origin?***

- |   |  |
|---|--|
| <input type="checkbox"/> No   | <input type="checkbox"/> Yes, Puerto Rican                 |
| <input type="checkbox"/> Yes, Mexican, Mexican American,<br>Chicano | <input type="checkbox"/> Yes, Cuban                        |
|   | <input type="checkbox"/> Other Hispanic, Latino or Spanish |

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Presentation               | <input type="checkbox"/> T.E.A.C.H.<br>Recipient             | <input type="checkbox"/> Other (please<br>specify):<br>_____<br>_____<br>_____ |
| <input type="checkbox"/> Mailing                    | <input type="checkbox"/> Workshop                            |  |
| <input type="checkbox"/> CCR&R Agency               | <input type="checkbox"/> Website                             |  |
| <input type="checkbox"/> College                    | <input type="checkbox"/> Child Development<br>Division (CDD) |  |
| <input type="checkbox"/> My Center Director         |  |  |
| <input type="checkbox"/> My Mentor (name:<br>_____) |  |  |



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**Employment Status**

What is your current job title?	<input type="checkbox"/> Teacher	<input type="checkbox"/> Family Child Care Provider
	<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"/> Director	

Beginning date of employment at current facility? \_\_\_\_\_  
 What is your current hourly wage? (*see worksheet*) \_\_\_\_\_  
 How many hours per week do you work (*up to 60 hrs./wk. for FCCP*)? \_\_\_\_\_  
 \_\_\_\_\_  
 How many months per year do you work? \_\_\_\_\_  
 How many children are in your classroom or child care home? \_\_\_\_\_

How long have you worked in the field of early childhood education?	<input type="checkbox"/> Less than 2 years	<input type="checkbox"/> 6-10 years
	<input type="checkbox"/> 2-5 years	<input type="checkbox"/> 10+ years
What age groups do you teach? ( <i>please check all that apply</i> )	<input type="checkbox"/> Infants (0-12months)	<input type="checkbox"/> Preschool (37 months-PreK)
	<input type="checkbox"/> Toddler (13-36 months)	<input type="checkbox"/> School Age

**Which CCV campus would be your primary site to attend classes?**

\_\_\_\_\_

**Are you currently enrolled at a CCV?**  Yes  No

**When would you like your scholarship to begin?** (circle one)

FALL      SPRING      SUMMER      \_\_\_\_\_ (year)

**Please check the box that best describes your educational history:**

<input type="checkbox"/> No high school diploma	<input type="checkbox"/> VCCICC Apprenticeship Certificate	<input type="checkbox"/> Bachelor Degree (Major: _____)
<input type="checkbox"/> High school diploma/GED	<input type="checkbox"/> Child Care Certificate	<input type="checkbox"/> Masters Degree (Major: _____)
<input type="checkbox"/> Technical Center Early Childhood Program	<input type="checkbox"/> Associate Degree (Major: _____)	<input type="checkbox"/> Doctorate
<input type="checkbox"/> CDA		



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**Please check one that best describes your educational goals:**

- Take a few early childhood courses to obtain or upgrade job-related skills
- Earn a Child Care Certificate
- Earn an Early Childhood Associate Degree
- Earn an Early Childhood (or related field) Bachelor's Degree
- Obtain VT Educator License with endorsement in early childhood, early childhood special education or elementary education
- Earn a Master's Degree
- Other (please specify): \_\_\_\_\_

***Statement of Income***

Job #1 Employer \_\_\_\_\_  
Hours/Week \_\_\_\_\_ Earnings \_\_\_\_\_ per \_\_\_\_\_

Job #2 Employer \_\_\_\_\_  
Hours/Week \_\_\_\_\_ Earnings \_\_\_\_\_ per \_\_\_\_\_

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

- YES  NO

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

YOUR TOTAL INCOME \$ \_\_\_\_\_

YOUR TOTAL FAMILY INCOME (your spouse included) \$ \_\_\_\_\_

**STATEMENT & SIGNATURE OF APPLICANT**

**I attest to the fact that the information that I have provided is true and accurate. Based on this information I am applying to VAEYC for a scholarship to help pay the cost of educational expenses.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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**PLEASE COMPLETE THE FOLLOWING WORKSHEET IF YOU ARE A RECENTLY REGISTERED PROVIDER, FROM YOUR INCOME AND EXPENSES FROM THE PRIOR MONTH**

**FAMILY CHILD CARE PROVIDER MONTHLY INCOME WORKSHEET**

**Instructions: This sheet is to help you determine your monthly income and expenses for your family child care home. For each question, use the amount you made or spent last month.**

Total Amount Paid to You by Parents Each Month	
Total Amount Paid to You through Child Care Subsidies during the month	
How much was your reimbursement through CACFP each month?	
Public School Partnership Income	
Other	
<b>Total Monthly Income</b>	

How much did you spend for your business last month?

<b>Advertising</b>	
<b>Car &amp; Truck Expenses</b>	
<b>Contract Labor</b>	
<b>Depreciation</b>	
<b>Employee Benefits</b>	
<b>Insurance</b>	
<b>Rent/Mortgage</b>	
<b>Legal &amp; Professional Services</b>	
<b>Office Expenses</b>	
<b>Other Business Property</b>	
<b>Repairs &amp; Maintenance</b>	
<b>Supplies</b>	
<b>Taxes &amp; Licenses</b>	
<b>Travel</b>	
<b>Utilities</b>	
<b>Wages</b>	
<b>Other Expenses</b>	
<b>Expenses for Use of Home</b>	
<b>Total Expenses:</b>	

Total Monthly Income	-	Total Monthly Expenses	=	Total Monthly Earnings
Income	minus	Expenses	equals	



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**Application Supplement**

Which of the following credentials and specializations do you currently hold? Please submit a copy of any certificates or licenses you hold.

- |  |  |
|--|--|
| <input type="checkbox"/> CDA: Infant/Toddler                             | <input type="checkbox"/> Apprenticeship Certificate      |
| <input type="checkbox"/> CDA: Preschool                                  | <input type="checkbox"/> [State] Issued Credential       |
| <input type="checkbox"/> CDA: Family Child Care Home                     | <input type="checkbox"/> Teaching License (Level: _____) |
| <input type="checkbox"/> CDA: Home Visitor                               | <input type="checkbox"/> Northern Lights Career Ladder   |
| <input type="checkbox"/> Specialization: Bi-Lingual<br>(language: _____) | Level Certificate: _____                                 |

Are you currently enrolled at CCV in the Early Childhood Education AA degree program?

- YES please indicate the number of completed courses: \_\_\_\_\_  
 NO

Have you taken any college credits in the past two years (this may include courses offered through the Apprenticeship Program)?

- YES How many total? \_\_\_\_\_  
How many ECE credits? \_\_\_\_\_  
 NO

What is your preferred language for learning? \_\_\_\_\_

**Family Structure**

How many people live in your household?  
 \_\_\_\_\_

<i>Number</i>	<i>Relationship</i>
	Parents
	Siblings
	Spouse/Significant Other
	Children
	Other

Have either of your parents or any of your brothers or sisters attended college?

- YES  
 NO

Do either of your parents or any of your brothers or sisters have a college degree?

- YES  
 NO

For T.E.A.C.H. use only:  Last 4 SSN _____ Date Completed _____  Counselor Initials _____
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**What is your BFIS (Bright Futures Information System) Quality-Credentialing Account Number?** \_\_\_\_\_

If you are unsure, please visit [www.brightfutures.dcf.state.vt.us/](http://www.brightfutures.dcf.state.vt.us/)

**Do you have a NAEYC/VAEYC Membership #?**

YES       NO

**IF YES, PLEASE PROVIDE THE NUMBER:** \_\_\_\_\_

**Do you have STARS? If so, please indicate number:** \_\_\_\_\_

**Please mail completed application and any required supporting documents (Schedule C Profit & Loss from last year's taxes) to:**

**VAEYC  
963 Paine Turnpike North  
Unit 3, Suite A  
Berlin, VT 05602**

**Or by emailing it to:**

**[teachearlychildhoodvermont@vaeyc.org](mailto:teachearlychildhoodvermont@vaeyc.org)**

**Please call 802-244-6282 with any questions you may have.**