



T.E.A.C.H. Early Childhood® VERMONT Associate Degree 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:
_____ |
| <input type="checkbox"/> Black, African Am.
Or Negro | <input type="checkbox"/> Korean | <input type="checkbox"/> Other Pacific
Islanders:
_____ |
| <input type="checkbox"/> American Indian or
Alaska Native | <input type="checkbox"/> Guamanian or
Chamorro | <input type="checkbox"/> Other race:
_____ |
| <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,
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. Recipient | <input type="checkbox"/> Mentor
(Name: _____) |
| <input type="checkbox"/> Mailing | <input type="checkbox"/> Workshop | _____ |
| <input type="checkbox"/> CCR&R Agency | <input type="checkbox"/> Website | <input type="checkbox"/> Other (please specify):
_____ |
| <input type="checkbox"/> College | <input type="checkbox"/> Child Development
Division (CDD) | |
| <input type="checkbox"/> My Center Director | | |



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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? _____

How many hours per week do you work (up to 50 hrs./wk. for director)? _____

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 (please check all that apply)?	<input type="checkbox"/> Infants (0-12months)	<input type="checkbox"/> Preschool (37 months to 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 community college? 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"/> Apprenticeship Certificate	<input type="checkbox"/> Master's Degree (Major: _____)
<input type="checkbox"/> High school diploma/GED	<input type="checkbox"/> Child Care Certificate	<input type="checkbox"/> Doctorate
<input type="checkbox"/> Technical Education Center Early Childhood Program	<input type="checkbox"/> Associate Degree (Major: _____)	
<input type="checkbox"/> CDA	<input type="checkbox"/> Bachelor Degree (Major: _____)	



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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 an Child Care Certificate
- Earn an Early Childhood Associate Degree
- Earn an Early Childhood Bachelor's Degree or a related field
- 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 ATTACH A COPY OF YOUR MOST RECENT PAY STUB HERE

Center Participation Agreement

This agreement must be completed by the center director for teachers, owner or board chairperson for directors.

The T.E.A.C.H. Early Childhood® VERMONT Associate Degree Program offered through VAEYC requires the participation of each scholarship recipient's employing child care center. In the event that (*Applicant Name*) _____ is awarded a scholarship, I understand that (*Center Name*) _____ agrees to participate in one of the following ways:

(Please check one to indicate which applicable option you prefer):

_____ **Director/Owner**

Pay 10% of the cost of tuition for 9-15 semester hours at CCV for the scholarship employee.

_____ **Employee Director (bonus option)**

Pay 10% of the cost of the tuition for 9-15 semester hours at CCV for the scholarship employee. At the end of the contract, upon completion for the 9-15 credit hours, award a \$375 bonus.

_____ **Employee Director (raise option)**

Pay 10% of the cost of the tuition for 9-15 semester hours at CCV for the scholarship employee. Provide release time each week for my scholarship employee. At the end of the contract, upon completion of the 9-15 credit hours, issue a 1.5% raise.

_____ **Teacher (bonus option)**

Pay 10% of the cost of tuition for 9-15 semester hours at CCV for the scholarship employee. Provide release time each week for my scholarship employee. The amount of release time is 4 hours per week. Release time will be provided when the college is in session regardless of the number of courses taken. At the end of the contract, upon completion of the 9-15 credit hours, award a \$250 bonus.

_____ **Teacher (raise option)**

Pay 10% of the cost of tuition for 9-15 semester hours at CCV for the scholarship employee. Provide release time each week for my scholarship employee. The amount of release time is 4 hours per week. Release time will be provided when the college is in session. At the end of the contract, upon completion of the 9-15 credit hours, issue a 1.5% raise.

Signature of director or chairperson/owner

print name of director or chairperson/owner

Name of Program: _____

Physical Program Address: _____ County: _____

Type of Facility (Center, FCCH, etc.): _____

License Type: _____ License or Registration Number: _____

STARS Rating: _____ NAEYC Accreditation: ___ Yes ___ No

Please check all forms of funding your facility receives:

- | | |
|---|---|
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Title I |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> IDEA |
| <input type="checkbox"/> State Pre-K | <input type="checkbox"/> Child Care Subsidy (CCFAP) |

Application Supplement



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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"/> Child Care Certificate |
| <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 Level Certificate: _____ |
| <input type="checkbox"/> Specialization: Bi-Lingual (language: _____) | |

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 are 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

What is your BFIS (Bright Futures Information System) Quality-Credentialing Account number? YES NO

IF YES, PLEASE PROVIDE THE NUMBER: _____

If you are unsure, please visit www.brightfutures.dcf.state.vt.us/

Do you have a NAEYC/VAEYC Membership #? YES NO

IF YES, PLEASE PROVIDE THE NUMBER: _____

Last 4 SSN _____
Date Completed _____
Counselor Initials _____

Please mail application to:

VAEYC 963 Paine Turnpike North, Unit 3 Suite A, Berlin, VT 05602
If you have questions about completing the application contact us at:
(802) 244-6282 or via email: teachearlychildhoodvermont@vaeyc.org