



T.E.A.C.H. Early Childhood® VERMONT Associate Degree Scholarship Application for Center Staff

Please complete *all* questions, attach pay stub, and ensure signatures are acquired in order for application to be considered complete

T.E.A.C.H. Early Childhood® VERMONT Associate Degree Scholarship Eligibility Requirements

1. Work in a regulated preschool, child care center, or home program for at least 30 hours per week.
2. Has worked with children birth to age 5 in their current program for at least 3 months.
3. Work in a program that has no recurring licensing violations per Child Development Division Child Care Licensing Division.
4. Is working toward an early childhood degree at a Vermont college (*or would like to be*)
5. As a professional, be willing to make a commitment to continue working at your present place of employment for one year after your contract ends.
6. Has the support of their employer and provides proof of participation or willingness to participate in a quality initiative such as STARS, Head Start, or NAEYC/NAFCC accreditation.



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Please complete all questions, attach pay stub, and ensure signatures are acquired in order for application to be considered complete

Date: _____

Personal Information

Name: _____

Mailing Address: _____

City/State/Zip: _____

County: _____ Email: _____

Phone Number(s): Home: _____ Work: _____ Cell: _____

Social Security Number: ____ - ____ - _____ Date of Birth: _____ Gender: _____
(mm/dd/yyyy)

Ethnicity

Do you consider yourself....?

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

Are you of Hispanic, Latino or Spanish origin?

- | | | |
|--|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, Cuban | <input type="checkbox"/> Yes, Puerto Rican |
| <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano | <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"/> My Center Director | <input type="checkbox"/> Child Development Division |
| <input type="checkbox"/> Mailing | <input type="checkbox"/> T.E.A.C.H. Recipient | <input type="checkbox"/> VCCICC |
| <input type="checkbox"/> Northern Lights @ CCV | <input type="checkbox"/> Workshop | <input type="checkbox"/> Mentor: _____ |
| <input type="checkbox"/> College | <input type="checkbox"/> Website | <input type="checkbox"/> Other: _____ |

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Employment Status

What is your current job title?	<input type="checkbox"/> Teacher	<input type="checkbox"/> Teacher Associate	<input type="checkbox"/> Teacher Assistant
	<input type="checkbox"/> Trainee	<input type="checkbox"/> Classroom Aide	<input type="checkbox"/> Director
	<input type="checkbox"/> Director Owner	<input type="checkbox"/> Other: _____	

When did you begin employment at your current facility? _____

What is your current hourly wage? _____

How many hours per week do you work? _____

How many months per year do you work? _____

How many children are in your classroom? _____

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

Please check the boxes that best describe your educational history:

- | | | |
|--|--|--|
| <input type="checkbox"/> No high school diploma | <input type="checkbox"/> Apprenticeship Certificate
Year _____ | <input type="checkbox"/> Bachelor Degree: Year _____
Major: _____ |
| <input type="checkbox"/> High school diploma/GED
Year _____ | <input type="checkbox"/> College Child Care
Certificate: Year _____ | <input type="checkbox"/> Master's Degree: Year _____
Major: _____ |
| <input type="checkbox"/> Technical Education
Center/Human Services
Program: Year _____ | <input type="checkbox"/> Associate Degree: Year _____
Major: _____ | <input type="checkbox"/> Doctorate: Year _____
Concentration: _____ |
| <input type="checkbox"/> CDA Credential: Year _____ | | |

Please check one that best describes your educational goal:

- | | |
|--|---|
| <input type="checkbox"/> Take a few early childhood courses to obtain or upgrade job-related skills | <input type="checkbox"/> Earn a Bachelor's Degree in Early Childhood or a related field |
| <input type="checkbox"/> Earn a Child Care Certificate | <input type="checkbox"/> Earn a Master's Degree |
| <input type="checkbox"/> Earn an Apprenticeship Certificate | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Earn an Early Childhood Associate Degree | |
| <input type="checkbox"/> Obtain VT Educator License with endorsement in early childhood, early childhood special education or elementary education | |

Have you earned college credits in the past two years?
 YES, how many total credits? _____ How many ECE credits? _____ NO

Have you taken classes at the Community College of Vermont in the past? YES NO

Are you currently enrolled at a community college? YES NO

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

Have you earned credit at another college? If yes, provide college name(s): _____

When would you like your scholarship to begin? FALL SPRING SUMMER _____ (YR)

Which of the following credentials and specializations do you currently hold?

Please submit a copy of any certificates or licenses you hold.

- CDA: Infant/Toddler
- CDA: Preschool
- CDA: Family Child Care
- CDA: Home Visitor
- Specialization: Bi-Lingual (language: _____)
- Apprenticeship Certificate
- Child Care Certificate
- Teaching License (Level _____)
- Northern Lights Career Ladder Level Certificate: Level Reached _____

Are you familiar with the Early Childhood Career Ladder? YES NO

Do you actively use your Bright Futures Information System (BFIS) Quality Credential Account?

- YES, Account # _____ NO NOT SURE

If you are unsure of your account number, please find it at www.brightfutures.dcf.state.vt.us/

Do you have a NAEYC/VTAEYC Membership? YES, Account # _____ NO

What is your preferred language for learning? _____

Statement of Income: (Please attach a copy of your most recent pay stub)

Job #1 Employer _____

Hours/Week _____ Earnings _____ per _____

Job #2 Employer _____

Hours/Week _____ Earnings _____ per _____

You must apply for Federal financial aid (FAFSA). Have you applied?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
--	------------------------------	-----------------------------

If no, please contact VSAC immediately for assistance 1-800-642-3177 or info@vsac.org

Source of financial aid #1 _____

Date of application _____

Application Status: AWARDED DENIED SUBMITTED/PENDING

Source of financial aid #2 _____

Date of application _____

Application Status: AWARDED DENIED SUBMITTED/PENDING

Please attach your financial award or denial letter(s) here or submit them separately if status is currently pending.

YOUR TOTAL INCOME \$ _____

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

Sponsor Program Participation Agreement

This agreement must be completed by the program director for teachers, or the owner/board chairperson for directors. The T.E.A.C.H. Early Childhood® VERMONT Associate Degree Scholarship offered through VTAEYC requires the participation of each scholarship recipient's employer. In the event that

(Applicant Name) _____ is awarded a scholarship, I understand that (Program Name) _____ agrees to participate in the following way:

_____ **Director/Owner:** Pay 20% 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 of 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. At the end of the contract, upon completion of the 9-15 credit hours, issue at least 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. 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. At the end of the contract, upon completion of the 9-15 credit hours, issue at least a 1.5% raise.

I understand the roles and responsibilities of the sponsor (employer) and scholarship employee and I agree to do my best to support my scholarship employee in this program. I will contact the T.E.A.C.H. Vermont office to address any concerns I may have regarding the T.E.A.C.H. Associate Degree Scholarship Program.

Authorized Signature: _____ Date: _____

Name (Printed): _____ Title: _____

Program Information:

Name of Program (as it appears in BFIS): _____

Program Mailing Address: _____

County: _____ Federal ID #: _____

Program Physical Address (if different): _____

County: _____

Type of Facility (Licensed center or home, school-based, etc.): _____

(PLEASE CONTINUE ON OTHER SIDE)

T.E.A.C.H. Early Childhood® VERMONT Associate Degree Scholarship Application for Center Staff

Name of Director/Owner: _____

Phone: _____ Email: _____

License Type: _____ License Number: _____

STARS Rating: _____ NAEYC Accreditation: YES NO

Days and Hours of Operation: _____ Number of Children Served: _____

- Full Year School Year

Please check all forms of funding your facility receives:

- Head Start Early Head Start State Pre-K Title I
 IDEA Child Care Subsidy (CCFAP)

Does your program have an ACT 166 public Pre-K partnership? YES NO

The Program's regulatory history will be reviewed through BFIS. Programs with serious violations in the last 12 months, as defined through the State of Vermont Child Care Licensing Regulations, must contact T.E.A.C.H. Vermont to determine eligibility. A site visit and discussion with your licensor may occur prior to accepting recipients.

Application Checklist: to be completed by the applicant:

- Copy of any early childhood certificates or licenses
- Copy of STARS certificate (if applicable)
- Copy of NAEYC/NAFCC accreditation (if applicable)
- Income verification (current paycheck stub)
- Completed participation agreement statement (pg. 4 for participants, pg. 5-6 for sponsoring programs)
- Financial aid (FAFSA) proof of application (or statement of intent to apply with due date)
- Copy of prior college transcripts (if applicable and unofficial copies accepted)

If you have any questions about completing the application contact us at (802) 922-8986 or (802) 379-7267 or email at teachearlychildhoodvermont@vaeyc.org.

Please mail packet to:

**T.E.A.C.H. Vermont
145 Pine Haven Shores Rd., Suite 1137
Shelburne, VT 05482**