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 Vermont 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: ___________________

Ethnicity

Do you consider yourself....?

☐ White
☐ Black, African American
☐ Asian Indian
☐ Japanese
☐ Native Hawaiian
☐ Chinese
☐ Korean
☐ Guamanian or Chamorro
☐ Filipino
☐ Vietnamese
☐ Samoan
☐ Am. Indian, Alaska Native
☐ Other Asian: 
☐ Other Pacific Islander: 
☐ Other race: ___________________

Are you of Hispanic, Latino or Spanish origin?

☐ No  ☐ Yes, Cuban  ☐ Yes, Puerto Rican
☐ Yes, Mexican, Mexican American, Chicano  ☐ Other Hispanic, Latino or Spanish

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

☐ Presentation  ☐ My Center Director  ☐ Child Development Division
☐ Mailing  ☐ T.E.A.C.H. Recipient  ☐ VCCICC
☐ Northern Lights @ CCV  ☐ Workshop  ☐ Mentor: ___________________
☐ College  ☐ Website  ☐ Other: ___________________
Employment Status

What is your current job title?

- Teacher
- Teacher Associate
- Teacher Assistant
- Trainee
- Classroom Aide
- Director
- Director Owner
- 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?

- Less than 2 years
- 6-10 years
- 10+ years

What age groups do you teach (please check all that apply)?

- Infants (0-12 months)
- Toddler (13-36 months)
- Preschool (37 months to Pre K)
- School Age

Please check the boxes that best describe your educational history:

- No high school diploma
- High school diploma/GED Year __________
- Technical Education Center/Human Services Program: Year __________
- CDA Credential: Year __________
- Apprenticeship Certificate Year __________
- College Child Care Certificate: Year __________
- Associate Degree: Year __________
- Bachelor Degree: Year __________
- Major: __________
- Master’s Degree: Year __________
- Major: __________
- Doctorate: Year __________
- Concentration: __________

Please check one that best describes your educational goal:

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

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 # _______________  
☐ 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?  
☐ YES  ☐ 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) $________________________
Family Structure
How many people total live in your household? ____________

<table>
<thead>
<tr>
<th>Number of</th>
<th>Relationship</th>
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<tbody>
<tr>
<td>Parents</td>
<td>____________</td>
</tr>
<tr>
<td>Siblings</td>
<td>____________</td>
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<tr>
<td>Spouse/Significant Other</td>
<td>____________</td>
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<tr>
<td>Children</td>
<td>____________</td>
</tr>
<tr>
<td>Other</td>
<td>____________</td>
</tr>
</tbody>
</table>

Have any of your parents or any of your brothers and sisters attended college? □ YES □ NO

Do any of your parents or any of your brothers and sisters have a college degree? □ YES □ NO

STATEMENT & SIGNATURE OF APPLICANT
I attest to the fact that the information I have provided in this application is true and accurate. Based on this information I am applying to VTAEYC for a scholarship to help pay the cost of educational expenses.

______________________________
Signature of Applicant

______________________________
Printed Name of Applicant

______________________________
Date

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, Schedule C, etc.)
☐ Completed participation agreement statement (pg. 4 for participants, pg. 5-6 for sponsoring programs)
☐ Financial aid (FAFSA) proof of application
☐ Copy of prior college transcript (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
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: __________________________

Program Auspice:  □ Non-Profit  □ Profit  □ Head Start  □ Public School  □ Religiously Sponsored

(PLEASE CONTINUE ON OTHER SIDE)
Name of Director/Owner: ________________________________________________________________

Phone: ___________________________ Email: ____________________________________________

Program License Number: ___________________________ Number of Children Licensed for: _______

STARS Rating: ___________________________ NAEYC Accreditation: ☐ YES ☐ NO

Days and Hours of Operation: ___________________________ Number of Children Enrolled: _____________

☐ 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) ☐ Other: ________________________________________________

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:
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☐ 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)

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