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

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

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

1. Operate a regulated home program for at least 30 hours per week.
2. Has worked with children birth to age 5 in your current program for at least 3 months.
3. Operate 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 operating your present program for one year after your contract ends.
6. 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  ☐ Korean  ☐ Other Asian: ___________________________

☐ Black, African American  ☐ Guamanian or Chamorro  ☐ Other Pacific Islander: ___________________________

☐ Asian Indian  ☐ Filipino  ☐ Other race: ___________________________

☐ Japanese  ☐ Vietnamese  ☐ _______________________________

☐ Native Hawaiian  ☐ Samoan  ☐ _______________________________

☐ Chinese  ☐ Am. Indian, Alaska Native  ☐ _______________________________

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: ____________________________

Updated 4-2019
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**Employment Status**

<table>
<thead>
<tr>
<th>What is your current job title?</th>
<th>Teacher</th>
<th>Teacher Associate</th>
<th>Teacher Assistant</th>
<th>Teacher Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Trainee</td>
<td>Classroom Aide</td>
<td>Director</td>
<td>Other:____________</td>
</tr>
<tr>
<td></td>
<td>Director Owner</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?  

<table>
<thead>
<tr>
<th>□ Less than 2 years</th>
<th>□ 6-10 years</th>
<th>□ 2-5 years</th>
<th>□ 10+ years</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>□ Infants (0-12 months)</th>
<th>□ Preschool (37 months to Pre K)</th>
<th>□ Toddler (13-36 months)</th>
</tr>
</thead>
</table>

**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____
  - Major: _________________
- □ 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 ________(YEAR)
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? _____________________________________

Family Structure

How many people total live in your household? ______________

<table>
<thead>
<tr>
<th>Number of</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________</td>
<td>Parents</td>
</tr>
<tr>
<td>__________</td>
<td>Siblings</td>
</tr>
<tr>
<td>__________</td>
<td>Spouse/Significant Other</td>
</tr>
<tr>
<td>__________</td>
<td>Children</td>
</tr>
<tr>
<td>__________</td>
<td>Other</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 of Income: (Please complete the “Family Child Care Provider Monthly Income Worksheet”)

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

YOUR PERSONAL TOTAL INCOME per MONTH $__________________

YOUR TOTAL FAMILY INCOME (your spouse included) $__________________
### 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.

#### How much did you spend for your child care business last month?

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages</td>
<td></td>
</tr>
<tr>
<td>Employee Benefits</td>
<td></td>
</tr>
<tr>
<td>Contract Labor</td>
<td></td>
</tr>
<tr>
<td>Taxes</td>
<td></td>
</tr>
<tr>
<td>Rent or Mortgage (percent allowed)</td>
<td></td>
</tr>
<tr>
<td>Utilities (percent allowed)</td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td></td>
</tr>
<tr>
<td>Repairs &amp; Maintenance (percent allowed)</td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
</tr>
<tr>
<td>Advertising</td>
<td></td>
</tr>
<tr>
<td>License</td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td></td>
</tr>
<tr>
<td>Legal &amp; Professional Services</td>
<td></td>
</tr>
</tbody>
</table>

**Total Monthly Expenses**

#### How much income did you have for your child care business last month?

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total amount paid to you by parents</td>
<td></td>
</tr>
<tr>
<td>Total amount paid to you through Child Care Subsidies</td>
<td></td>
</tr>
<tr>
<td>How much was your reimbursement through CACFP</td>
<td></td>
</tr>
<tr>
<td>What is your monthly Public School Partnership Income?</td>
<td></td>
</tr>
<tr>
<td>Other monthly income</td>
<td></td>
</tr>
</tbody>
</table>

**Total Monthly Income**

Total Monthly Income minus Total Monthly Expenses equals Total Monthly Earnings
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**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

Program License Number: __________________________  Number of Children Licensed for: ___________________

STARS Rating: ___________________________________ NAFCC 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.*

**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 (Family Child Care Provider Monthly Income Worksheet)

□ Completed participation agreement statement (pg. 5)

□ 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

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