



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\***

### **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: \_\_\_\_\_  
 (mm/dd/yyyy)

**Ethnicity**

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> White                   | <input type="checkbox"/> Korean                    | <input type="checkbox"/> Other Asian:<br>_____            |
| <input type="checkbox"/> Black, African American | <input type="checkbox"/> Guamanian or Chamorro     | <input type="checkbox"/> Other Pacific Islander:<br>_____ |
| <input type="checkbox"/> Asian Indian            | <input type="checkbox"/> Filipino                  | <input type="checkbox"/> Other race:<br>_____             |
| <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: _____               |

**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 (please check all that apply)?	<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<br>Year _____      | <input type="checkbox"/> Bachelor Degree: Year _____<br>Major: _____   |
| <input type="checkbox"/> High school diploma/GED<br>Year _____                               | <input type="checkbox"/> College Child Care<br>Certificate: Year _____ | <input type="checkbox"/> Master's Degree: Year _____<br>Major: _____   |
| <input type="checkbox"/> Technical Education<br>Center/Human Services<br>Program: Year _____ | <input type="checkbox"/> Associate Degree: Year _____<br>Major: _____  | <input type="checkbox"/> Doctorate: Year _____<br>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 \_\_\_\_\_(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/](http://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? \_\_\_\_\_

Number of	Relationship
_____	Parents
_____	Siblings
_____	Spouse/Significant Other
_____	Children
_____	Other

Have any of your parents or any of your brothers and sisters attended college?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any of your parents or any of your brothers and sisters have a college degree?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If no, please contact VSAC immediately for assistance 1-800-642-3177 or [info@vsac.org](mailto: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?**

Wages	
Employee Benefits	
Contract Labor	
Taxes	
Rent or Mortgage (percent allowed for business purposes only)	
Utilities (percent allowed for business purposes only)	
Insurance	
Repairs & Maintenance (percent allowed for business purposes only)	
Supplies	
Advertising	
License	
Travel	
Legal & Professional Services (percent allowed for business purposes only)	
<b>Total Monthly Expenses</b>	

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

Total amount paid to you by parents last month?	
Total amount paid to you through Child Care Subsidies last month?	
How much was your reimbursement through CACFP last month?	
What is your monthly Public School Partnership Income?	
Other monthly income?	
<b>Total Monthly Income</b>	

$$\begin{array}{ccccccc}
 \underline{\hspace{2cm}} & & - & & \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}} \\
 \text{Total Monthly Income} & & \text{minus} & & \text{Total Monthly Expenses} & \text{equals} & \text{Total Monthly Earnings}
 \end{array}$$

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

**Please mail packet to:** T.E.A.C.H. Vermont, 145 Pine Haven Shores Rd., Suite 1137, Shelburne, VT 05482