T.E.A.C.H. Early Childhood® VERMONT Licensure 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 Licensure 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. Hold a Bachelor’s degree in early childhood education, early childhood special education or a related field.
5. Is working toward an early childhood license or endorsement at a Vermont college (or would like to be)
6. 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.
7. 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.
8. For Peer Review Only: Completed and passed all required Praxis Exams and completed the Vermont Agency of Education Peer Review Clinic

Updated 4-2019
T.E.A.C.H. Early Childhood® VERMONT Licensure 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*

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….?

☐ 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, Mexican, Mexican American, Chicano

☐ Other Hispanic, Latino or Spanish

☐ Yes, Puerto Rican

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

☐ Presentation

☐ Mailing

☐ Northern Lights @ CCV

☐ College

☐ My Center Director

☐ T.E.A.C.H. Recipient

☐ Workshop

☐ Website

☐ Child Development Division

☐ VCCICC

☐ Mentor: ____________________________

☐ Other: ____________________________
**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>Director</th>
<th>Other:____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Teacher</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>□ Trainee</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>□ Director Owner</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>□ Other:____________</td>
<td>□</td>
<td>□</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? ____________________________

<table>
<thead>
<tr>
<th>How long have you worked in the field of early childhood education?</th>
<th>□ Less than 2 years</th>
<th>□ 6-10 years</th>
<th>□ 2-5 years</th>
<th>□ 10+ years</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What age groups do you teach (please check all that apply)?</th>
<th>□ Infants (0-12 months)</th>
<th>□ Preschool (37 months to Pre K)</th>
<th>□ Toddler (13-36 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Infants (0-12 months)</td>
<td>□ Preschool (37 months to Pre K)</td>
<td>□ Toddler (13-36 months)</td>
<td></td>
</tr>
</tbody>
</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 ________________
- □ Bachelor Degree: Year ________________ Major: ________________
- □ Master’s Degree: Year ________________ Major: ________________
- □ Doctorate: Year ________________ Concentration: ________________

Please check one that best describes your educational goal:

- □ Obtain VT Educator License with endorsement in early childhood, early childhood special education or elementary education
- □ 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

What path to Vermont teacher licensure are you pursuing?

- □ VT Higher Education Collab. □ AOE Peer Review Process □ Champlain College Peer Review

Have you been accepted in to the Vermont Higher Education Collaborative?

- □ YES □ NO □ N/A
  - If yes, what program are you enrolled in? __________________________________________

Have you completed the Vermont Agency of Education Peer Review Clinic?

- □ YES □ NO □ N/A
  - If yes, please submit a copy of the certificate

Updated 4-2019
T.E.A.C.H. Early Childhood® VERMONT Licensure Scholarship Application for Center Staff

Have you completed and passed all required Praxis Exams?
☐ YES  ☐ NO  ☐ N/A (for VT HEC only)

*Please provide verification that you have passed all exams or notification that you are exempt from Praxis exams (ex: SAT scores etc). Praxis requirements must be met before acceptance into a Peer Review Scholarship.*

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 your 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 ________________

VT HEC model applicants must apply for a VSAC non-degree grant. Have you applied?  ☐ YES  ☐ NO

If no, please contact: VSAC at 1-800-642-3177 or info@vsac.org

Source of financial aid #1 ________________________________

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 ANNUAL INCOME $__________________________

YOUR TOTAL FAMILY INCOME (your spouse included) $__________________________

Updated 4-2019
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 & 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 (VSAC) proof of application (for VT HEC model only – not for Peer Review)
□ Copy of prior college transcript (unofficial copies accepted)
□ For Peer Review Option: Verification of meeting Praxis requirements and certificate from Peer Review Clinic

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

Updated 4-2019
T.E.A.C.H. Early Childhood® VERMONT Licensure Scholarship Application for Center Staff

Sponsor Program 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 Provisional Licensure Scholarship Model 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 (Center Name) ____________________________ agrees to participate in one of the following ways: (Please check one to indicate which applicable option you prefer):

_____ Higher Ed Collaborative
   Pay 10% of the cost of the tuition for 3-9 credit hours through the Vermont Higher Education Collaborative Program at Lyndon State College for the scholarship employee. Provide release time each week for my scholarship employee. The amount of release time is up to 3 hours per week. Release time will be provided when courses are in session regardless of the number of courses taken.

_____ Agency of Education Peer Review
   Pay 10% of the cost of the Peer Review Project submission fee for the scholarship employee. Provide release time for my scholarship employee. The amount of release time is up to 40 hours total for the creation of the portfolio contents.

_____ Champlain College: Peer Review
   Pay 10% of the cost of the tuition for up to 3 credit hours through the Champlain College Reflective Practices: Portfolio Development Program for the scholarship employee. Provide 3 hours of release time each week for my scholarship employee while the class is in session, and up to another 40 hours of release time total for portfolio development and submission after the class is complete. Pay 10% of the cost of the Peer Review submission fee for the scholarship employee.

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. Licensure Scholarship Program.

Authorized Signature: ___________________________________________ Date: ______________________

Name (Printed): ___________________________________________ Title: ______________________

Program Information:

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

Program Mailing Address: ________________________________________________________________________

_____________________________________________________________ County:___________________

Federal ID #:________________________________ 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:

□ 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 (VSAC) proof of application
□ Copy of prior college transcript (unofficial copies accepted)
□ For Peer Review Option: Verification of meeting Praxis requirements and certificate from Peer Review Clinic

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