



T.E.A.C.H. Early Childhood® VERMONT Licensure Scholarship Application for 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 Licensure 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 their 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. 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 operate your present program for one year after your contract ends.
7. Has proof of participation or willingness to participate in a quality initiative such as STARS, Head Start, or NAFCC accreditation.
8. For Peer Review Only: Completed and passed all required Praxis Exams and completed the Vermont Agency of Education Peer Review Clinic



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

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: _____ |

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
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"/> Obtain VT Educator License with early childhood endorsement | <input type="checkbox"/> Earn a Master's Degree |
| | <input type="checkbox"/> 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, program: _____ NO N/A

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

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

Have you completed and passed all required Praxis Exams?

YES NO N/A

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

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

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? _____

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")

VT HEC model applicants must apply for a VSAC non-degree grant. Have you applied?	<input type="checkbox"/> YES	<input type="checkbox"/> 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) \$ _____

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 (percentage used for business only)	
Utilities (percentage used for business only)	
Insurance (percentage used for business only)	
Repairs & Maintenance (percentage used for business only)	
Supplies	
Advertising	
License	
Travel	
Legal & Professional Services (percentage used for business only)	
Total Monthly Expenses	

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?	
Total Monthly Income	

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

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

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 NAFCC accreditation (if applicable)
- Income verification ("Family Child Care Provider Monthly Income Worksheet")
- Financial aid (VSAC) proof of application (or statement of intent to apply with due date)
- Copy of prior college transcripts (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