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
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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, 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:________________________
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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>Trainee</th>
<th>Classroom Aide</th>
<th>Director</th>
<th>Other:__________</th>
</tr>
</thead>
</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?

- Less than 2 years
- 6-10 years
- 2-5 years
- 10+ years

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

- Infants (0-12 months)
- Preschool (37 months to Pre K)
- Toddler (13-36 months)
- 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______ Major: ____________
- 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 early childhood endorsement
- 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 into 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.

Updated 4-2019
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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/VTAECY 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>Parents</td>
<td>____________</td>
</tr>
<tr>
<td>Siblings</td>
<td>____________</td>
</tr>
<tr>
<td>Spouse/Significant Other</td>
<td>____________</td>
</tr>
<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 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? □ 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 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>Category</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 (percentage used for business only)</td>
<td></td>
</tr>
<tr>
<td>Utilities (percentage used for business only)</td>
<td></td>
</tr>
<tr>
<td>Insurance (percentage used for business only)</td>
<td></td>
</tr>
<tr>
<td>Repairs &amp; Maintenance (percentage used for business only)</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 (percentage used for business only)</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>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total amount paid to you by parents last month?</td>
<td></td>
</tr>
<tr>
<td>Total amount paid to you through Child Care Subsidies last month?</td>
<td></td>
</tr>
<tr>
<td>How much was your reimbursement through CACFP last month?</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**

\[
\text{Total Monthly Income} - \text{Total Monthly Expenses} = \text{Total Monthly Earnings}
\]
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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): _____________________________________________________________

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

Updated 4-2019