

Head Start Programs Associate Degree Scholarship Application

For Teachers, Assistant Teachers

1. PERSONAL INFORMATION

Please Print

Date _____ Social Security # _____

Name _____

Address _____

City, State, Zip _____

County _____

Phone Number Home: () Cell: () Work: ()

Email _____

Date of Birth _____ (mm/dd/yyyy)

Gender _____

Ethnicity

Are you of Hispanic, Latino or Spanish origin?

- | | | |
|---|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Other Hispanic, Latino or Spanish |
| <input type="checkbox"/> Yes, Mexican, Mexican American | <input type="checkbox"/> Yes, Cuban | |

Do you consider yourself....?

- | | | |
|---|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Asian: |
| <input type="checkbox"/> Black, African Am | <input type="checkbox"/> Korean | <input type="checkbox"/> Other Pacific Islanders: |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Multi |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Hispanic/Latino/Spanish |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other Race |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Samoan | |

The above information is used for demographic purposes only.

Please check the box indicating what language(s) you speak fluently (please check all that apply)

- | | | |
|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Japanese | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Korean | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Lao | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Creole | <input type="checkbox"/> Persian | <input type="checkbox"/> Tribal: _____ |
| <input type="checkbox"/> English | <input type="checkbox"/> Polish | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> French | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Russian | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other: _____ |

What is your preferred language for learning? _____

Family Size _____ **Select one:** Single, no children Married, no children
 Single parent/grandparent Married parent/grandparent

Have either of your parents or any of your brothers or sisters attended college? Yes No
Have either of your parents or any of your brothers or sisters have a college degree? Yes No

2. EMPLOYMENT STATUS

Please submit a copy of the center license from OCCL

Name of Center: _____

Address: _____ County: _____

City, State, Zip: _____

Administrator/Owner: _____

TEACH Contact Person and Title, if different from above: _____

Phone Numbers: () _____ Fax () _____ Alt () _____

Email: _____ Website: _____

OCCL License #: _____ Expiration Date: _____

Program's Licensed Capacity: _____ Current program enrollment: _____

Tax ID # _____ Beginning date of employment at current facility: _____

Does the program serve families eligible for Purchase of Care (POC)? No ___ Yes ___ What % _____

Does the program serve Military families? No ___ Yes ___ Active Duty ___ Guard ___ Reserve ___

Does the program participate in Delaware Stars? No ___ Yes ___ Current Star Level _____

Is the Center Nationally or Regionally Accredited: Yes, by _____ No

Please check all forms of funding your facility receives

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Head Start | <input type="checkbox"/> State PreK | <input type="checkbox"/> State Subsidies: Contracts |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> Title I | <input type="checkbox"/> State Subsidies: Vouchers |
| <input type="checkbox"/> State Head Start | <input type="checkbox"/> IDEA | |

Please give the parent company contact name/address _____

How long have you worked in the field of early childhood?

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

What is your current job title?

- Teacher Administrator Non-teaching Professional Staff
 Assistant Teacher Non-teaching Support Staff

Do you have a Delaware Institute for Excellence in Early Childhood (DIEEC) profile?

YES _____ No _____ Current Career lattice step _____ Unsure _____

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

- Infants (0-12 months) Preschool (37 months-PreK)
 Toddler (13-36 months) School-age

How many children are in your classroom or child care home? _____

3. EDUCATION INFORMATION

Are you CPR/First Aid Certified? Yes No

Please check the box indicating what credentials and specializations you currently hold

- | | |
|---|---|
| <input type="checkbox"/> CDA: Infant/Toddler
<input type="checkbox"/> CDA: Preschool

<input type="checkbox"/> CDA: Family Child Care Home
<input type="checkbox"/> CDA: Home Visitor | <input type="checkbox"/> Specialization: Bi-lingual (language: _____)
<input type="checkbox"/> DIEEC/Stars Issued Credential (Infant/Toddler, Early Childhood, Inclusion, Administrator, Curriculum/Assessment, Family Child Care, School Age)
<input type="checkbox"/> Post BA (state teaching license)
<input type="checkbox"/> Not applicable |
|---|---|

Please check the box that best describes your educational history

- | | |
|--|---|
| <input type="checkbox"/> No high school diploma
<input type="checkbox"/> High school diploma/GED
<input type="checkbox"/> 1-year certificate
<input type="checkbox"/> Associate Degree (Major: _____) | <input type="checkbox"/> Bachelor Degree (Major: _____)
<input type="checkbox"/> Masters Degree (Major: _____)
<input type="checkbox"/> Doctorate Degree (Major: _____) |
|--|---|

Please check the box that best describes your educational goals

- Earn an Early Childhood Credential (CDA or State of Delaware specific)
- Earn an Early Childhood Associate Degree
- Earn an Early Childhood Associate Degree and transfer to a four-year college/university to early a Bachelor’s Degree

Have you taken any college courses in the past two years? Yes No
Have you taken any ECE credits in the past two years? Yes No If yes, how many _____

Are you currently enrolled at a community college? Yes No
 If yes, which college: _____ Student ID: _____

When would you like your scholarship to begin? Fall Spring Summer (year) _____

Which Delaware Technical & Community College campus would you like to attend?
 Wilmington (George) Dover (Terry) Georgetown (Owens)

Have you been through the admissions process at the school marked above? Yes No

4. STATEMENT OF INCOME

Please attach a copy of your most recent pay stub

Employer #1 _____	Hours/week _____	\$ _____ per _____	
Employer #2 _____	Hours/week _____	\$ _____ per _____	

Have you applied for any other financial aid? Yes No

If yes, what financial aid source(s) have you applied for?

- | | | | |
|-------------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> PELL Grant | <input type="checkbox"/> Smart Start Grant | <input type="checkbox"/> Scholarships | <input type="checkbox"/> Student Loans |
|-------------------------------------|--|---------------------------------------|--|

Financial Aid #1 _____	Date of application _____	
Application status <input type="checkbox"/> Awarded	<input type="checkbox"/> Denied	<input type="checkbox"/> Pending

Financial Aid #2 _____	Date of application _____	
Application status <input type="checkbox"/> Awarded	<input type="checkbox"/> Denied	<input type="checkbox"/> Pending

YOUR TOTAL INCOME \$ _____ YOUR TOTAL FAMILY INCOME (your spouse included) \$ _____

Please attach a copy of your most recent pay stub here

5. OTHER INFORMATION

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

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Presentation | <input type="checkbox"/> College | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Mailing | <input type="checkbox"/> My Center Director | <input type="checkbox"/> Website |
| <input type="checkbox"/> CCR&R Agency | <input type="checkbox"/> T.E.A.C.H. Recipient | <input type="checkbox"/> Other(please specify):_____ |

Computer/Technology Access: Please check all that you have access to either at home or at work

- | | | | |
|----------------------------------|---|---------------------------------|--|
| <input type="checkbox"/> Desktop | <input type="checkbox"/> Wi-Fi Internet | <input type="checkbox"/> Tablet | |
| <input type="checkbox"/> Laptop | <input type="checkbox"/> Dial Up Internet | <input type="checkbox"/> Email | <input type="checkbox"/> Other(please specify):_____ |

Computer/Technology Access: Please rate your comfort level or skill level with the following

(1: poor/none 3:ok/some 5:great/strong)

- | | | |
|--------------------------------------|----------------------------|--|
| ___ Email | ___ Word Processing Skills | ___ Power Point |
| ___ Web Navigation Skills | ___ Spreadsheets Skills | ___ Database Skills |
| ___ Digital Cameras | ___ Scanner Knowledge | ___ File Management & Window Explorer Skills |
| ___ Computer-Related Storage Devices | | ___ Other(please specify):_____ |
- (Knowledge: disks, CDs, USB drives, zip disks, DVDs, etc.)

- Please check here if you would like assistance with any computer/technology access or skills

6. RECIPIENT PERSONAL RESPONSIBILITIES AGREEMENT

This is an agreement between T.E.A.C.H. Early Childhood® Delaware and the scholarship applicant (applicant name) _____ . Please read carefully and then sign this agreement, initialing next to each line item. As a part of your application, this agreement **must** be signed and submitted along with any other required documents before your application can be considered complete.

Congratulations on taking the next step toward a greater education!

You should be very proud of yourself for investing in your own future and increasing your education. This scholarship represents an amazing opportunity – a debt free college education! This benefit to you comes with various responsibilities.

As a T.E.A.C.H. Early Childhood® Scholarship Recipient, I will:

- _____ Attend class, study, work hard and be a responsible student. This is a great opportunity that should be taken seriously.
- _____ Regularly communicate with my scholarship counselor. My counselor is available to help guide me through the process of attending college as well as balancing my college, work and family responsibilities. He/She is just a phone call or email away and can answer many questions.
- _____ Submit reimbursement forms in a timely manner. Preauthorization forms must be submitted in time for scholarship counselors to forward to the appropriate school. Form B's must be submitted for reimbursement of tuition, books and travel claims. If my model includes paid release time, I will sign the Form C's, be sure my director (if applicable) signs the Form C and help get it submitted for reimbursement for release time.
- _____ Contact my scholarship counselor regarding any changes to my employment or college status, or if I am having difficulty in meeting my course/college requirements or scholarship contract.
- _____ Submit my grades within 30 days of the close of the semester. Keeping my scholarship record up-to-date is critical to ensuring that I can continue my education without unnecessary delays.
- _____ Pay my bills from T.E.A.C.H. and/or my college in a timely manner. It is my responsibility to ensure that I am meeting all of my obligations.

Signature of Applicant

Date

7. RECIPIENT AND HEAD START PARTICIPATION AGREEMENT

Center agrees to the following:

- Pay 15% of the cost of tuition and 50% of book costs for each approved course the scholarship employee is enrolled in, up to a maximum of 18 semester hours during the contract period.
- Provide paid release time to the scholarship employee that is equivalent to the number of semester hours of the course(s) being taken, up to 48 hours per semester.
- Annually revisit agreement with T.E.A.C.H. and scholar before contract renewal.

Signature of Center Director

DATE

Signature of Authorized T.E.A.C.H. Representative

DATE

9. PERMISSIONS

I, _____ (applicant’s name), agree that T.E.A.C.H. Early Childhood® Delaware will use Constant Contact to send monthly newsletters and period reminders.

T.E.A.C.H. Early Childhood® Delaware may/may not (circle one) contact me via text messaging at _____ (mobile number).

To help promote awareness of the importance of high quality child care, we often use quotes, photographs and /or video footage of children and adults. By signing this form you are giving T.E.A.C.H Early Childhood ® Delaware and Delaware Association for the Education of Young Children (deaeyc) permission to use your quotes, photographs of you and/or your child(ren) in our publications such as newsletters and brochures, to send quotes, photographs, and/or video footage of you to new agencies such as newspapers, magazines, radio and television, and to publish such quotes, photographs, and/or video footage on the internet. While we may not use every quote, photograph, or video clip, your signature below will allow us to use your photograph or video image if the need arises.

I, _____ (please print name), grant permission to T.E.A.C.H Early Childhood ® Delaware and its agents, employees, designees, and successors of assigns, the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me, or members of my family, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I hereby release T.E.A.C.H Early Childhood ® Delaware and its legal representatives for all claims and liability relating to said images or video. Furthermore, I grant permission to use my statements that were given during an interview, survey or feedback with or without my name, for the purpose of advertising and publicity without restriction, I waive my right to any compensation. I further grant permission for the copyright of such quotes, photographs, and videos and consent that they may be reproduced with partially or in conjunction with other quotes, photographs, or videos and reproductions, and made through any media, including electronic media. I have read the above statements and I am familiar with and agree to the contents.

I acknowledge that I am [] over the age of 18

[] I do not authorize use (circle all that apply) quotes / photographs / videos

Signature: _____

Date: _____

10. STATEMENT AND SIGNATURE OF APPLICANT

I, _____ (applicant's name), attest that the information provided on this application and the supporting documentation is true to the best of my knowledge. I understand that falsifying application information or documentation or the failure to comply with documentation requirements may result in the inability to be a participant on this program. If my participation is terminated due to my failure to comply with documentation requirements, I understand that my employer may be notified along with the program funder. If for any reason the scholarship money is issued incorrectly as a result of false information provided by me, I acknowledge that I will be required to reimburse the T.E.A.C.H. Early Childhood® Project for the monetary support that was received in error. If awarded, the contract will be reviewed annually before renewal.

Signature of Applicant

Date

Applications **will not be processed** without the following information, please be sure to include:

- **W9**
- **Paystub**
- **Current license from Office of Child Care Licensing for center/program**

Return This Application with all required documentation to:

T.E.A.C.H. Early Childhood® Delaware
262 Chapman Rd, Ste. 104
Newark, DE 197-2
Or Fax 302-475-5300

If you have any questions, please call 302-764-1501. Incomplete applications will not be processed.

For office use only:

Date received:	Entered:	Reviewed:
W9	Paystub	OCCL
Approved/Declined:		



T.E.A.C.H. Early Childhood® Delaware

Direct Deposit Payment Setup Form

To set up Payment:

1. Fill out this form
2. Print and sign it
3. Email or Fax it to T.E.A.C.H.
esmith@deaeyc.org
(302) 475-5300

HOW: Your T.E.A.C.H. reimbursement or bonus will be made by Direct Deposit.

WHERE: Account Information for Direct Deposit

Account Type: Checking or Savings or Loan (circle one)
Bank Name: _____
Account Number: _____
Routing Number: _____

One of the following is required to process this direct deposit:

Check here if you are a WAGE\$ recipient and have already submitted this documentation, we will verify with WAGE\$ and you do not need to resubmit these documents

- Voided check with name imprinted (no starter checks)
- Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)
- Bank letter or specification sheet (the signature of your local bank representative MUST be included)

DIRECT DEPOSIT RECIPIENTS:

I authorize Delaware Association for the Education of Young Children (deaeyc) to initiate deposits and, if necessary, withdrawals to correct erroneous deposit entries to my account at _____ (bank name). I understand that this authorization replaces any previous authorization and will remain in full force and effect until the company named above has received written notification from me of its termination in a reasonable time enough to act. I understand to be eligible for further T.E.A.C.H. scholarship reimbursement or bonus it is my responsibility to notify T.E.A.C.H. of any changes to my bank account information. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize deaeyc to make direct deposits into the named account.

Print Scholarship Recipient **OR** Sponsoring Program Name

Scholarship Recipient **OR** Sponsoring Program's
Administrator Signature

Date

Email address to be used to send any tax forms in January _____

Authorized T.E.A.C.H. Representative Signature

Date



Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number									
Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.