

2. EMPLOYMENT INFORMATION

Please submit a copy of the Center/LFCC license from OCCL

Name of Center/LFCC: _____

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 _____

Please check all forms of funding your facility receives

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

Program Auspice: Profit Nonprofit Head Start

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

For Head Start or Multi-Site Programs: Is this child care program owned or managed by another organization? If yes, give the parent company 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?

- | | | |
|--|--|--|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Administrator | <input type="checkbox"/> Non-teaching Professional Staff |
| <input type="checkbox"/> Assistant Teacher | <input type="checkbox"/> Family Based Professional | <input type="checkbox"/> Non-teaching Support Staff |

What age groups do you teach? (please check all that apply) How many children are in your classroom _____

- | | |
|---|---|
| <input type="checkbox"/> Infants (0-12 months) | <input type="checkbox"/> Preschool (37 months-PreK) |
| <input type="checkbox"/> Toddler (13-36 months) | <input type="checkbox"/> School-age |

3. EDUCATION INFORMATION

Please check the box that best describes your educational history

- No high school diploma
- High school diploma/GED
- High school diploma/GED + credits
- 1-year certificate
- Associate Degree: Major: _____
- Bachelor Degree: Major: _____
- Masters Degree: Major: _____
- Doctorate

- 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? _____
- 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

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

Are you CPR/First Aid Certified? Yes No

Do you have a membership to a professional organization? Yes No

If Yes, please indicate which one _____, expiration date _____

Have you completed the required 120 hours of training as required for the CDA? Yes No

If No, When do you anticipate completion of the training hours? _____

Have you begun your CDA Professional Portfolio based on the CDA Competency Standards? Yes No

When do you anticipate completion of the portfolio? _____

When do you anticipate applying to the CDA Council? _____

Please check the box indicating which CDA you are applying for:

- Infant/Toddler in English
- Infant/Toddler in another language: _____
- Preschool in English
- Preschool in another language: _____

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

- CDA: Infant/Toddler
- CDA: Preschool
- CDA: Family Child Care Home
- CDA: Home Visitor
- Specialization: Bi-lingual (language: _____)
- Delaware issued Credential: _____
- Post BA (state teaching license)
- Not applicable

4. STATEMENT OF INCOME

Please attach a copy of your most recent pay stub and include a personal W9

Employer #1 _____ Hours/week _____ Months/year _____ \$ _____ per _____

Employer #2 _____ Hours/week _____ Months/year _____ \$ _____ per _____

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

Please attach a copy of your most recent pay stub here

5. 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.

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

(initial) study, work hard and be a responsible student. This is a great opportunity that should be taken seriously.

(initial) regularly communicate with the T.E.A.C.H. Coordinator or Counselor. They are available to help guide me through the process as well as balancing my education, work, and family responsibilities. They are just a phone call or email away and can answer many questions.

(initial) contact T.E.A.C.H. immediately regarding any changes to my employment or application status, or if I am having difficulty in meeting my requirements or scholarship contract.

(initial) submit my CDA certificate within 30 days of receipt.

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.

Signature of Applicant

Date

6. 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

7. SHORT ANSWER

What are your professional goals in early childhood education? Describe how a CDA will help you achieve these goals. Be sure to include your long-term career goals.

We may not be able to fund all applicants. Why should T.E.A.C.H. Early Childhood® Delaware fund you over other applicants?

8. PHOTO/VIDEO RELEASE

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: _____

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).

Signature of Applicant

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.

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 19702
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:		





Ready to apply? Here are the steps to competing your CDA with a T.E.A.C.H.:

1. Go to www.yourcouncil.org, Click CDA Initial Application and fill in all required information. Confirm information.
2. Once you submit your application the council will email you letting you know it is time to check out. Forward that email to esmith@deaeyc.org.
3. We will enter your ID number on our end, to verify T.E.A.C.H. is paying for the assessment fee. The council will then email you a verification code for you to enter into the payment area. Go into your account and enter verification code.
4. The council will then send you an email that states you are ready to schedule your exam and PD Specialist visit. Follow instructions in that email. Please email Beth Smith at esmith@deaeyc.org when you have scheduled your test and PD Specialist visit.
5. Once you receive your CDA certificate, send a copy into Beth Smith at esmith@deaeyc.org We will then issue you a \$150 bonus. Your bonus will be sent to you via direct deposit (\$150 bonus-\$50 scholar fee= \$100 paid to you).
6. We also need to schedule a phone meeting to develop your T.E.A.C.H. Professional Development Plan. This will take about 15-20 mins and helps me better understand your career goals, so I can best direct you on your educational journey. Please let me know times/dates that would work for you and we can get that scheduled.

We look forward to being partners with you in this journey and are very excited to have you as a T.E.A.C.H. recipient. Should you have any questions, please do not hesitate to contact me. Have a wonderful day and best of luck to you as you continue your pursuit of your CDA.

If you have any questions regarding this process, please contact T.E.A.C.H. at (302) 764-1501