

**T.E.A.C.H Early Childhood ® Delaware
Practicum/Methods Scholarship
Application**

Only current Scholars are eligible for this supplemental scholarship

**APPLICATION DEADLINE IS March 1, 2019
FOR FALL 2019**

1. PERSONAL INFORMATION

Please Print

Name: _____ Date: _____

Address: _____ County: _____

City, State, Zip: _____

Phone Numbers: Home () _____ Cell () _____ Work () _____

Email: _____

Date of Birth: _____ Social Security #: _____

2. EMPLOYMENT and PERSONAL INFORMATION UPDATE

Name of Center, LFCC or FCC: _____

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: _____

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 _____

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? _____

5. Short Answer

Each short answer should be **approximately 100-150** words. Please write in full sentences and use proper grammar, punctuation, and spelling.

Please explain what you hope gain by completing the Practicum/Methods coursework and how it relates to your professional development 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?

6. SCHOLARSHIP AGREEMENT

Practicum scholarships award the scholar an additional stipend of \$4000, which is paid in two installments: once at the beginning of the semester and one after grades are received. This scholarship also provides for additional release time to be reimbursed to the Sponsoring center (or FCC) at a higher rate.

Methods scholarships award the scholar an additional stipend of \$1000, which is paid in two installments: once at the beginning of the semester and one after grades are received. This scholarship also provides for additional release time to be reimbursed to the Sponsoring center (or FCC) at a higher rate.

Both the Practicum and Method scholarships are supplemental awards that only current scholars are eligible for. These scholarships only cover the stipend and additional release time, the scholar's regular scholarship will cover tuition, books, travel, and bonus as usual. As these scholarships include release time which Center directors, owners, and administrators are not eligible for, only classroom teaching staff are eligible.

As the Center, FCC or LFCC Owner, I understand that I am responsible and agree to participate in one of the following ways:
(Please check one)

_____ **Practicum Model (AAPT): Associate Degree Scholarship Recipient is an employee of the Center or LFCC.**

1. Provide up to 225 hours of paid release time for the Practicum/student teaching semester, when college/university is in session and the Scholarship Recipient/Employee would normally work 30 or more hours per week.

_____ **Practicum Model (AAPFCC): Associate Degree Scholarship Recipient is a Large Family Child Care Provider or Family Child Care Provider.**

1. Provide up to 225 hours of paid release time for the Practicum/student teaching semester, when college/university is in session and the Scholarship Recipient/Employee would normally work 30 or more hours per week.

_____ **Practicum Model (BAPT): Bachelor's degree Scholarship Recipient is an employee of the Center or LFCC or is a Large Family Child Care Provider or Family Child Care Provider.**

1. Provide up to 360 hours of paid release time for the Practicum/student teaching semester, when college/university is in session and the Scholarship Recipient/Employee would normally work 30 or more hours per week.

_____ **Methods Model (AAMT): Scholarship Recipient is an employee of the Center or LFCC**

1. Provide up to 93 hours of paid release time for the Practicum/student teaching semester, when college/university is in session and the Scholarship Recipient/Employee would normally work 30 or more hours per week.

_____ **Methods Model (AAMF): Scholarship Recipient is a Large Family Child Care Provider or Family Child Care Provider.**

1. Provide up to 98 hours of paid release time for the Practicum/student teaching semester, when college/university is in session and the Scholarship Recipient/Employee would normally work 30 or more hours per week.

Please state how many hours of paid release time the center anticipates being able to give to the scholar to complete the coursework for this credential: (n/a for FCC) _____

Signature of Center, FCC or LFCC Owner

DATE

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

DATE

7. 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

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:
Approved/Declined:		



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