



Delaware Association for the
Education of Young Children

T.E.A.C.H. Early Childhood® Delaware Scholarship Application



Date: _____

Name		
Address		
City, State, Zip		
County		
Phone Number	Home:	Work:
SSN		
Email		
Date of Birth	(mm/dd/yyyy)	
Gender		

Employment Status

What is your current job title?	<input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Administrator	<input type="checkbox"/> Family Child Care Educator <input type="checkbox"/> Non-Teaching Professional Staff <input type="checkbox"/> Non-Teaching Support Staff
What age groups do you teach? <i>(please check all that apply)</i>	<input type="checkbox"/> Infants (0-12 Months) <input type="checkbox"/> Toddler (13-36 Months)	<input type="checkbox"/> Preschool (37 Months – PreK) <input type="checkbox"/> School Age

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

How many hours per week do you work? _____

How many months per year do you work? _____

Beginning date of employment at current facility? _____

What is your current hourly wage? _____

How long have you worked in the field of early childhood?	<input type="checkbox"/> Less than 2 Years <input type="checkbox"/> 2-5 Years	<input type="checkbox"/> 6-10 Years <input type="checkbox"/> 10+ Years
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Ethnicity

Do you consider yourself Latinx?

- Yes (this includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Spanish)
 No

Do you consider yourself....?

- | | | |
|---|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian (includes Asian Indian, Japanese, Chinese, Korean, Vietnamese, Filipino or other Asian) | <input type="checkbox"/> Native Hawaiian or Pacific Islander (includes Samoan, Chamorro, or other Pacific Islander) |
| <input type="checkbox"/> Black or African American | | <input type="checkbox"/> Other |
| <input type="checkbox"/> American Indian or Alaska Native | | <input type="checkbox"/> Other, two or more races |

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

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

What is your preferred language for learning? _____

Family Information

How many people live in your household?

Number Relationship

	Parents
	Siblings
	Spouse/Significant Other
	Children
	Other

Have either of your parents or any of your brothers or sisters attend college?

Yes
 No

Have either of your parents or any of your brothers or sisters have a college degree?

Yes
 No

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

Presentation T.E.A.C.H. Recipient Other (please specify): _____
 Mailing Workshop
 College Website
 My Center Director

Please check the box that best describes your educational history:

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

Which of the following credentials and specializations do you currently hold?

CDA: Infant/Toddler
 CDA: Preschool
 CDA: Family Child Care Home
 CDA: Home Visitor
 Specialization: Bi-Lingual (language: _____)

Please check one that best describes your educational goals:

- Earn an Early Childhood or School-Age Credential
- Take a few early childhood courses to obtain or upgrade job-related skills
- Earn an Early Childhood, Infant/Toddler or School-Age Certificate
- Earn an Early Childhood Associate Degree
- Earn an Early Childhood Associate Degree and transfer to a four-year college/university to earn a Bachelor's Degree
- Earn a Birth-Kindergarten License
- Earn an Early Childhood Bachelor's Degree
- Earn a Master's Degree

Have you taken any college courses in the past two years?

- Yes
- If yes, how many ECE credits have you taken: _____

- No

Do you need any assistance with obtaining a laptop to complete your schoolwork?

- Yes
- No

Are you currently enrolled at any college institution? Yes No

If yes, student ID: _____

Have you applied for any of the following?

- PELL
- Scholarships
- Student Loans

When would you like your scholarship to begin? (circle one)
FALL SPRING SUMMER _____ (year)

Which scholarship model are you interested in with T.E.A.C.H.?

- Child Development Associate Credential (CDA)
- Associate Degree
- Bachelor Degree

Associate Degree seeking scholars, please answer the following questions (If you are a Bachelor's Degree seeking scholar, please go to next section):

Which Delaware Technical & Community College campus would you like to attend?

- Wilmington (George)
- Dover (Terry)



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Georgetown (Owens)

Which Degree are you seeking:

Early Childhood Development (ECD)

Birth to 2nd (B25)

Bachelor Degree seeking scholars, please answer the following questions:

Which College/University would you like to attend?

Wilmington University

Springfield College

Delaware State University

University of Delaware

Which Degree are you seeking:

Human Services or Education Studies w/ECE concentration

Birth to 2nd, Licensure (Not available at all schools)

Education Studies: Early Childhood Education

Statement of Income

Job #1 Employer _____
Hours/Week _____ Earnings _____ per _____

Job #2 Employer _____
Hours/Week _____ Earnings _____ per _____

Have you applied for any other financial aid (such as Pell Grants, Smart Start Grants or student loans)?

YES

NO

Source of financial aid #1 _____

Date of application _____

Application Status: AWARDED DENIED PENDING

Source of financial aid #2 _____

Date of application _____

Application Status: AWARDED DENIED PENDING

YOUR TOTAL INCOME \$ _____

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



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Applications will not be processed unless completed in full, including the following information:

- Direct Deposit Form
- Voided Check or Bank Letter for Direct Deposit
- W9
- Paystub/FCC Income Form
- Current license from Office of Child Care Licensing for center/program
- Transcript/Transfer Form

T.E.A.C.H. Early Childhood® Delaware Scholarship Application
T.E.A.C.H. Early Childhood® Delaware
Center Participation Agreement

T.E.A.C.H. Early Childhood ® Delaware offered through Delaware Association for the Education of Young Children (deaeyc) requires the participation of each scholarship recipients employing early childhood center. Use your existing Center Participation Agreements. In the event that _____ is awarded a scholarship, I understand that the center agrees to participate in one of the following ways. (Please check one to indicate which option you prefer):

- \$200.00 bonus at the end of the contract term
 2% raise at the end of the contract term

*Not applicable for Recipients that are center owners or family child care providers

I also understand that I will have:

1. Pay deaeyc-T.E.A.C.H., upon receipt of an invoice their portion of the tuition for the Scholarship Recipient/Employee.
 - a. Recipients that are teaches or directors are responsible for 7.5% of their tuition and the sponsoring organization is responsible for 7.5%
 - b. Center owners are responsible for 15% of their tuition
2. Provide three (3) hours per week of paid release time, maximum of 48 hours per semester, when college/university is in session and the Scholarship Recipient/Employee works 30 or more hours a week. *(Center administrators and owners are not eligible for release time)*

Name of Center, LFCC, or FCC: _____

Address: _____ County: _____

City, State, Zip: _____

Administrator/Owner: _____

T.E.A.C.H. Contact Person and Title, if different than above: _____

Phone Numbers: () _____ Fax () _____

Email: _____ Website: _____

OCCL License #: _____ Expiration Date: _____

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

Tax ID #: _____ Scholar's start date at this facility: _____

Center Auspice:

- Profit
 Nonprofit
 Head Start

Is the Center Nationally or Regionally Accredited?

- Yes
 No

Is the child care program managed by another organization?

- Yes, parent company name/address: _____



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No

Does the program serve families eligible for Purchase of Care (POC)?

Yes, What % _____

No

Does the program serve Military families?

Yes, Active Duty Y/N Guard Y/N Reserve Y/N

No

Does the program participate in Delaware Stars?

Yes, Current Star Level _____

No

Please check all forms of funding your facility receives:

Head Start

Early Head Start

State Head Start

State PreK (ECAP)

Title I

IDEA

State Subsidies: POC

Tiered Reimbursement

Signature of Center, FCC or LFCC Owner

Date

Return this application with all required documentation to:

T.E.A.C.H. Early Childhood® Delaware

262 Chapman Road

Suite 104

Newark, DE 19702

Or fax to 302-475-5300

If you have any questions, please call 302-764-1501

For office use only:

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