

Date: \_\_\_\_\_

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

**Employment Status**

What age groups do you teach? <i>(please check all that apply)</i>	<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

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"/> 6-10 Years
	<input type="checkbox"/> 2-5 Years	<input type="checkbox"/> 10+ Years

**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

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

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**

Please select one:

- Single, no children
- Single parent/grandparent
- Married, no children
- Married parent/grandparent

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

Please check the box that best describes your educational history:

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

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

- CDA: Infant/Toddler
- CDA: Preschool

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- 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):***



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

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

- Wilmington (George)
- Dover (Terry)
- Georgetown (Owens)

Which Degree are you seeking:

- Early Childhood Development (ECD)
- Birth to 2<sup>nd</sup> (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 2<sup>nd</sup>, 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 \$ \_\_\_\_\_



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



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

**In addition, please complete the FCC Monthly Income Worksheet and submit it to us.**

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

Lined area for writing professional goals and education advancement.

STATEMENT & SIGNATURE OF APPLICANT

I attest to the fact that the information that I have provided is true and accurate. Based on this information I am applying to T.E.A.C.H. Early Childhood® Delaware for a scholarship to help pay the cost of educational expenses. 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 in 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® Delaware for the monetary support that was received in error.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*PLEASE ATTACH A COPY OF YOUR MOST RECENT PAY STUB HERE*

**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-FCC**  
**T.E.A.C.H. Early Childhood® Delaware**  
**Family Child Care *Participation Agreement***

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. FCC are responsible for 7.5% of their tuition.
2. Try to take up to 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 works 30 or more hours a week.

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: \_\_\_\_\_  
 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?



Delaware Association for the Education of Young Children

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



- Yes, Current Star Level \_\_\_\_\_
- No

Please check all forms of funding your facility receives:

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