

PERSONAL INFORMATION

Date _____ Social Security # _____

Name _____

Address _____

City, State, Zip _____

County _____ Email _____

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

Date of Birth *(mm/dd/yyyy)* _____ Gender _____

Ethnicity (Information provided in this section used for demographic purposes only)

Are you of Hispanic, Latino or Spanish origin?

- No Yes, Puerto Rican Other Hispanic, Latino or Spanish
 Yes, Mexican, Mexican American, Chicano Yes, Cuban

Do you consider yourself...?

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

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

- | | | |
|---------------------------------------|---|--|
| <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): _____ |

EMPLOYMENT STATUS

What is your current job title?

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Director | <input type="checkbox"/> Administrator | <input type="checkbox"/> Non-Teaching Professional Staff |
| <input type="checkbox"/> Assistant Teacher | <input type="checkbox"/> Assistant Director | <input type="checkbox"/> Owner | <input type="checkbox"/> Non-Teaching Support Staff |

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

- Infants (0-12 months) Preschool (37 Months – PreK)
 Toddler (13-36 months) School Age

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

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

Do you work in a PA PreK Counts classroom? Yes No

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

How many hours per week do you work? (on average) _____

How many months per year do you work? _____

Beginning date of employment at your current facility? (mm/dd/yyyy) _____

What is your current hourly wage? _____

EDUCATION INFORMATION

IMPORTANT: Applicants MUST include their transcripts AND a college/university approved education plan with this completed application. An education plan is a checklist of courses that a student must complete to earn ECE teacher certification. Contact your ECE advisor to obtain this information.

Check the box that best describes your educational history:

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

Check the box that best describes your educational goals:

- Earn an add-on PA Teacher Certification in Early Childhood Education
 Earn a Master's Degree in Early Childhood Education
 Earn a Master's Degree in Early Childhood Education with PA Teacher Certification
 Earn a Doctorate Degree in Early Childhood Education or other related field

Are you currently enrolled at a college or university? Yes No

Are you currently working toward your early childhood teacher certification? Yes No

When would you like your scholarship to begin? Fall Spring Summer Year: _____

Which higher education institution would you like to attend? _____

FACILITY INFORMATION

This section must be completed by the center director or owner.

Facility MPI# _____

Facility Name _____

Facility Address (street address) _____

Facility Address (city, state, zip & county) _____

Director Name _____

Director Email Address _____

Tax ID Number _____

Indicate all forms of funding your facility receives:

- Head Start State PreK State Subsidies: CCIS
 Early Head Start Title I State Subsidies: Other Funding Contracts
 State Head Start IDEA N/A

Number of Children Served _____

Auspice: Profit Nonprofit Head Start Religious Sponsored

Keystone STAR Rating: Non-STARS STAR 1 STAR 2 STAR 3 STAR 4

Accreditations: N/A NAEYC OTHER _____

FACILITY PARTICIPATION AGREEMENT

This agreement must be completed by the center director for teachers and the center owner or board chairperson for directors.

The T.E.A.C.H. Early Childhood® Certification Only Scholarship Program offered through PACCA requires the participation of each employer. In the event that (Applicant Name) _____ is awarded a scholarship, I agree that (Center/Program Name) _____ agrees to select the appropriate option below and meet all of the corresponding requirements.

FAMILY PROVIDER STIPEND OPTION _____ (for family child care providers only)

1. Pay 10% of the cost of tuition and approved fees for courses totaling 12-18 credit hours at an approved college or university.
2. At the end of the contract year upon successful completion of 12-18 credit hours, continue operation of my family child care home for an additional year.

CENTER TEACHER STIPEND OPTION _____ (for center based staff only)

1. Pay 10% of the cost of tuition and approved fees for courses totaling 12-18 credit hours at an approved college or university for the scholarship recipient.
2. Provide paid release time each week for the scholarship recipient. The amount of release time is equal to the number of credit hours the employee is taking up to a maximum of 6 hours per week. Release time will be provided when the college/university is in session. Center will be reimbursed for a portion of the cost of substitute coverage.
3. At the end of the contract year upon successful completion of 12-18 credit hours issue a \$300 stipend in two installments. This stipend is in addition to any other expected raise or bonus

CENTER DIRECTOR STIPEND OPTION _____ (Director is employee of the center)

1. Pay 10% of the cost of tuition and approved fees for courses totaling 12-18 credit hours at an approved college or university for the scholarship recipient.
2. At the end of the contract year upon successful completion of 12-18 credit hours, issue a \$300 stipend in two installments. This stipend is in addition to any other expected raise or bonus.

CENTER OWNER OPTION _____ (Director is owner of the center)

1. Pay 20% of the cost of tuition and approved fees for courses totaling 12-18 credit hours at an approved college or university

Print Name of Facility Owner/Director or Board Chairperson _____

Signature of Facility Owner/Director or Board Chairperson _____

STATEMENT & SIGNATURE OF APPLICANT

I, _____ (applicant 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 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 scholarship funds are issued incorrectly as a result of false information provided by me, I acknowledge that I will be required to reimburse the PACCA and the T.E.A.C.H. Early Childhood® PENNSYLVANIA Scholarship Program for the monetary support that was received in error.

Signature of Applicant _____ Date _____

FAMILY CHILD CARE/GROUP HOME MONTHLY INCOME WORKSHEET

Instructions: This section will help you determine monthly earnings from your family child care or group home. If you work at a child care center, skip this section and proceed to the **Statement of Income** section below.

For each question use the amount you made or spent last month. **Remember, you MUST include income verification** such as copies of receipts for each of the children in your care or a statement detailing your weekly rate and number of children for which you provide care.

1. What is the total amount paid to you by parents each week? _____
2. Multiply by 4.33 (*weeks per month*) for total monthly parent fees _____
3. How much was your Child & Adult Care Food Program (CACFP) Reimbursement? _____
4. How much was the Department of Human Services CCIS subsidy for children in your care? _____
5. **TOTAL MONTHLY REVENUE** (*Add lines 2,3 and 4 for total monthly revenue*) _____

How much did you spend for children in your care last month on:

6. Food _____
7. Toys _____
8. Assistant/Substitute Care _____
9. Crafts/Supplies _____
10. Transportation _____
11. Training Fees _____
12. Gifts for Children/Families? _____
13. Other (*please specify*) _____
14. **TOTAL MONTHLY EXPENSES** (*Add lines 6 through 13 for total monthly expenses*) _____

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Revenue (line 5) **Expenses (line 14)** **TOTAL MONTHLY EARNINGS**
(Subtract line 14 from line 5 to find total monthly earnings - use this information in the Statement of Income below)

STATEMENT OF INCOME

ATTACH A COPY OF YOUR MOST RECENT PAY STUB(S) TO THIS APPLICATION

Instructions: As part of the application process, we must verify your income. List EACH source of income available to you plus **you MUST include income verification**. A statement from your employer indicating your hours and rate of pay or a copy of your most recent pay stub will verify earnings from your job. Family child care/group home providers should use the income worksheet above to determine earnings.

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

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

Have you applied for any other financial Aid? Yes No

If yes, indicate which financial aid source(s) for which you have applied

PELL Grant Other Scholarships Student Loans

Financial Aid #1 _____ Date of Application _____

Application Status AWARDED DENIED PENDING

Financial Aid #2 _____ Date of Application _____

Application Status AWARDED DENIED PENDING

YOUR TOTAL ANNUAL INCOME IS \$ _____

APPLICANT PARTICIPATION & PERSONAL RESPONSIBILITIES AGREEMENTS

I am aware that I am required to pay a percentage of the cost of tuition and books for courses towards certification in early childhood education. During the course of my contract I agree to remain employed with my sponsoring child care program for a minimum of 30 hours per week while completing 12-18 credit hours. I also agree to remain employed with my sponsoring program for an additional year after completing the approved credit hours each scholarship contract.

Signature of Applicant _____ Date _____

This is an agreement between T.E.A.C.H. Early Childhood® PENNSYLVANIA and the scholarship applicant (*applicant name*) _____. Please read carefully and sign the agreement, initialing next to each line item. As part of your application, this agreement **MUST** be initialed, 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:

- _____ 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. She/he can easily be reached by phone or e-mail and can answer many questions.
- _____ Submit reimbursement forms in a timely manner. Preauthorization for courses must be submitted in time for Scholarship Counselors to review and forward to the appropriate college/university. Form B's must be submitted for reimbursement of tuition, books and travel claims. If my scholarship model includes paid release time, I will sign the Form C's, ensure that my director signs the Form C and help to submit this documentation for reimbursement of 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 or scholarship contract requirements.
- _____ Submit my grades within 30 days of each semester end date. Keeping my scholarship records current is critical to ensuring that I can continue my education without interruption.
- _____ Pay my bills from T.E.A.C.H. and/or my college/university in a timely manner. It is my responsibility to ensure that I am meeting all of my obligations related to this opportunity.

Signature of Applicant _____ Date _____

APPLICATION CHECKLIST

Please review your application to ensure the following items are completed and/or attached:

- All requested application data
- All required signatures
- Income verification
- College transcripts
- Education Plan for ECE Certification (This can be obtained from the ECE Advisor at your college/university.)

Your application cannot be processed without the information above.

Return completed application with income verification to:
PACCA/T.E.A.C.H. • 20 Erford Rd, Suite 302 • Lemoyne, PA 17043
Fax: (717) 657-0959 • Email: teachinfo@pacca.org
Questions? Call (717) 657-9000 or visit www.pacca.org