

Florida T.E.A.C.H. Early Childhood® Scholarship Program

Scholarship Application for Center-Based Staff

[Do not use this application to renew a credential]



Check one only: Staff Credential Director Credential AS Degree
 Must have active Staff Credential

Legal Name _____
 Print Clearly First Name Middle Name Last Name Maiden Name and/or Previous Last Names

Home Mailing Address _____ **Apt #** _____

City/State _____ **Zip+4** _____ **County** _____

Phone (H)() _____ **(Cell)**() _____ **(W)**() _____

Social Security Number _____ **Birthdate** (mm/dd/yyyy) _____

Email _____ **Home fax** () _____ Female
 Male

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-Based Professional* <input type="checkbox"/> Non-Teaching Professional Staff* <input type="checkbox"/> Non-Teaching Support Staff*
*Title	<input type="checkbox"/> Check if applicant is also center owner	
What age group(s) do you teach? (please check all that apply)	<input type="checkbox"/> Infants (0-12 months) <input type="checkbox"/> Toddlers (13-36 months)	<input type="checkbox"/> Preschool (37 months – PreK) <input type="checkbox"/> School age <input type="checkbox"/> N/A
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

How many children are in your classroom? _____

Do you teach in one of these classrooms? VPK Head Start N/A

How many hours per **week** do you work in the classroom **with birth through PreK children?** _____

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

Educational History - Has your foreign diploma or certificate been evaluated? Yes No Not applicable

Name of High School Graduated from OR Name of GED Program	City and State <input type="checkbox"/> Check if online	Dates Attended	High School Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No	GED? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please check the box(es) that best describe your educational history:

- No high school diploma/GED
- High school diploma/GED earned
- One-year certificate earned
- College credits earned # _____
- Doctorate
- Associate degree earned – Major: _____
College name/location _____
- Bachelor degree earned – Major: _____
College name/location _____
- Masters degree earned – Major: _____

Please check one that best describes your educational goals:

- Earn an early childhood, infant/toddler, preschool or school age credential or certificate (**check one**)
- Take a few early childhood courses to obtain or upgrade job-related skills
- Earn an early childhood associate degree
- Earn an early childhood associate degree and transfer to a 4-year college/university to earn a bachelor degree
- Earn a bachelor degree

For T.E.A.C.H. use only
QUAL APP _____ Authorized _____

If you plan to go on for an AS degree in early childhood education, you may wish to take your Staff Credential/Director Credential for college credit. These courses are usually part of the AS degree program.

Are you *currently* attending a Florida college/training institution? Yes No

If yes, name of school _____

Which college or training program would you like to attend for classes covered by this scholarship? **We cannot issue contracts without knowing which Florida school and which term you are or will be attending.** Call T.E.A.C.H. at 1-877-358-3224 to check if an online program can be covered by a T.E.A.C.H. scholarship. **Specify one Florida school or online program by name.**

Name of school, including online program (one school only): Smart Horizons Institute

Is this an online program? Yes No

When would you like your scholarship to begin? Check one term only. **It can take 6-8 weeks to process your application and award you a scholarship.**

Spring (Jan-April) Summer A (May-June) Summer B (June-July) Before July 1 After June 30 Fall (Aug-Dec) I'll start if and when I am awarded a scholarship

Actual date class began/will begin (call the school) _____ What year? _____

Check all that apply: currently enrolled currently attending seeking reimbursement (Date paid _____) N/A

Are you applying for a **Formal Education Qualification**? If yes, how many college classes do you need? _____

[Do not use this application to renew a credential – use the Credential Renewal application to renew]

Do you have an active Florida Staff Credential (FCCPC/ECPC)? Yes No Enrolled Inactive

Do you have an active National CDA Staff Credential? Yes No Applied Expired

Do you have an active Director or Administrator Credential? Yes No Enrolled Inactive

If applicable, date your Staff Credential will expire/go inactive: _____

If applicable, date your Director or Administrator Credential will go inactive: _____

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

Presentation Mailing CCR&R Agency College/School My Center Director
 Workshop Website T.E.A.C.H. recipient Other (specify) _____

PROGRAM INFORMATION

Legal Name of Center: _____

P.O. Box/Mailing Address: _____

City/State/Zip: _____, FL _____ County: _____

Phone #1 () _____ Phone #2 _____ Fax # () _____

License # _____ Is your center a QRIS center? Yes No

Center Auspices (check all that apply): Profit Nonprofit Public Religious Exempt

Please check all forms of funding your center receives:

Head Start Early Head Start State Head Start VPK None
 Title I IDEA State Subsidies: contracts State Subsidies: vouchers
(School Readiness)

Is your center NAEYC accredited? Yes No Other accreditation _____

Number of children licensed for _____ Number of children enrolled _____

CENTER-BASED SPONSOR AGREEMENT

Check one only: Florida Staff Credential (FCCPC/ECPC/FEQ) Director Credential (Must have a Staff Credential) AS Degree

As this applicant's supervisor, the owner or a duly authorized representative of the childcare facility named on the previous page, I agree to all conditions listed below. (Please check appropriate boxes and sign below.)

Applicant is CENTER TEACHER (center employee but not director or owner)

1. The center will pay 20% of Staff Credential tuition **and** 20% of the National CDA Credentialing fee if applicable **or** 10% of Director Credential tuition **or** 15% of the AS degree tuition.

AND

2. The center will provide three hours per week of paid release time when classes are in session regardless of the number of courses taken even if classes are taken at night or online. (Does not apply to Director Credential, recipients working less than 30 hours per week, volunteers, or to recipients during times their centers are closed for vacation, holidays, etc. or if the recipient is on vacation.) T.E.A.C.H. will reimburse the center \$5 for every hour of release time given to qualified employees up to 48 hours per term (\$240).

AND

3. At the end of the Staff Credential or AS contract (does not apply to Director Credential) the center will

A. award a \$250 bonus (choose this option for volunteers)

Choose
A or B →

OR

B. award a 2% raise over and above any normally occurring annual increase.

Applicant is CENTER DIRECTOR (center employee but not owner)

1. The center will pay 10% of Staff Credential tuition **and** 10% of the National CDA Credentialing fee if applicable **or** 10% of Director Credential tuition **or** 10% of the AS degree tuition.

AND

2. **For AS degree applicants ONLY**, at the end of the contract the center will

A. award a \$250 bonus

Choose
A or B →

OR

B. award a 2% raise over and above any normally occurring annual increase.

Applicant is CENTER OWNER

The center will pay 10% of Staff Credential tuition and 10% of the National CDA Credentialing fee if applicable **or** 10% of Director Credential tuition **or** 10% of the AS degree tuition.

TO BE COMPLETED BY APPLICANT'S SUPERVISOR, FACILITY OWNER OR REPRESENTATIVE

I affirm that this applicant's date of hire is _____. By signing this document I agree to the terms stated above and affirm that this applicant (**complete all 6 statements below**):

1) works/volunteers _____ hours per week **AND**

2) works/volunteers _____ hours per week in a birth-PreK classroom **AND/OR**

3) works/volunteers _____ hours per week in a before or after school program **AND**

4) is paid/volunteers for _____ weeks per year, *not number of paychecks* (there are 52 weeks in a year) **AND**

5) is paid at a rate of \$_____ per hour. If employee is salaried, yearly salary is \$_____.

6) For seasonal employees, applicant works _____ (name of month) through _____ (name of month).

I agree this facility will be responsible for the above conditions even if the employee breaks the contract.

(Print Name of Applicant's Supervisor or Facility Owner)

(Email address)

(Signature of Applicant's Supervisor or Facility Owner)

(Title)

(Cell #)

(Date)

STATEMENT OF INCOME

Instructions: Complete sections A through C below. For income verification for your job, your supervisor must complete and sign the verification of income section on page 3 of this application. **Do not send pay stubs** in lieu of completing the verification of income section. There are 52 weeks in a year.

- A. **Your earnings at Job #1** (sponsoring center)..... \$ _____ per _____
 Name of your sponsoring center _____
 Number of **hours** you work/volunteer **per week** _____
 Number of weeks per year that you are paid/volunteer for (**not** number of pay checks)..... _____
 (Number of hours x Number of weeks x Hourly rate)..... **Yearly salary at Job #1**.....\$ _____*
- B. **Additional** yearly family earnings before taxes:
 Your additional jobs (if applicable).....\$ _____*
 Your spouse's jobs (if applicable).....\$ _____*
Total yearly family earnings before taxes (Add all 3 lines marked with an asterisk *).....\$ _____
- C. Have you applied for any other financial aid (such as Pell Grants, Smart Start Grants or student loans)? No Yes
 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

APPLICANT'S AFFIRMATION – READ VERY CAREFULLY BEFORE SIGNING

I understand that I will be responsible for 10% of the cost of tuition and books and 10% of the National CDA Credentialing fee if applicable. I attest to the fact that the information I have provided is true and accurate. Based on this information, I am applying to the Children's Forum for a scholarship to help pay the cost of educational expenses. I further understand that my benefits may be reduced if I am receiving other financial / scholarship assistance. In addition, **I agree to commit to employment at my sponsoring center for one year after completion of my T.E.A.C.H. contract. I understand that if my application is incomplete or incorrect, it will be returned to me. I have read over this application to ensure completeness and correctness and have made a copy of this application for my own records.** I am a Florida resident.

 Signature of Applicant

 Date



OFFICE OF
Early Learning
 LEARN EARLY. LEARN FOR LIFE.

T.E.A.C.H. Early Childhood® Scholarship Program
 Children's Forum
 2807 Remington Green Circle / Tallahassee, FL 32308
 (850) 487-6302 or Toll Free (877) FL-TEACH [358-3224]

www.teach-fl.com

DO NOT FAX!!!

Sponsored by the Children's Forum and by Florida's Office of Early Learning