



# T.E.A.C.H. Early Childhood® Alabama Bachelor Degree Scholarship Application for Child Care Center/Preschool Teachers

## GENERAL INFORMATION:

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  Female  Male

## FAMILY STRUCTURE:

Including *yourself*, how many family members live in your household: \_\_\_\_\_

- Family Type:  Single, no children  Married, no children  
 Single parent  Married parent

## EMPLOYMENT STATUS:

What is your current job title?

- Teacher  Administrator  Non-Teaching Professional Staff  
 Assistant Teacher  Family Based Professional  Non-Teaching Support Staff

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

- Infants (0-12 months)  Preschool (37 Months-Pre-K)  
 Toddlers (13-36 Months)  School Age

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

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

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 your current facility? \_\_\_\_\_

What is your current hourly wage? \_\_\_\_\_

Is your center an Alabama First Class Pre-K site? \_\_\_\_\_

Are you a teacher in an Alabama First Class Pre-K classroom? \_\_\_\_\_



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### **ETHNICITY:**

#### **Are you of Hispanic, Latino or Spanish origin?**

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

#### **Do you consider yourself...?**

- White  Chinese  Other Asian:  
 Black, African Am. or Negro  Korean \_\_\_\_\_  
 American Indian or Alaska Native  Guamanian or Chamorro  Other Pacific Islanders:  
 Asian Indian  Filipino \_\_\_\_\_  
 Japanese  Vietnamese  Other Race:  
 Native Hawaiian  Samoan \_\_\_\_\_

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

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

#### **Please check the box that best describes your educational history:**

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

#### **Please check one that best describes your educational goals:**

- Earn a Bachelor's Degree in Early Childhood Education  
 Earn a Bachelor's Degree in Human Development and Family Studies/Child Development  
 Earn a P-3 Certification

#### **Are you currently enrolled in an Early Childhood Degree program at a university in Alabama?**

- Yes  No

#### **If yes, what is your major?**

- Early Childhood Education  
 Human Development and Family Studies/Child Development  
 P-3 Certification  
 Other (Please Specify Major): \_\_\_\_\_



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**How far have you progressed toward your degree?** Please submit your college transcripts with this application.

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**When would you like your scholarship to begin?** (circle one)

FALL

SPRING

SUMMER

\_\_\_\_\_ (year)

**Which university would you like to attend?**

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**What are your professional goals in Early Childhood Education? Describe how a degree will help you achieve these goals. Be sure to include your long term career goals.**

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**Is there anything else about yourself that you would like us to consider while reviewing your application?**

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**Participation Agreement**

I am aware that I am required to pay a portion (10-20%) of the cost of tuition and books for courses leading to a Bachelor's Degree. I am also willing to continue to work at my sponsoring program for one year after completing 9-18 credit hours in one contract year.

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(signature of applicant)

**PLEASE ATTACH A COPY OF YOUR COLLEGE TRANSCRIPTS HERE**



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**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, Leadership Scholarship 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 FAMILY INCOME (your spouse included) \$** \_\_\_\_\_

**Statement and 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 Alabama Partnership for Children for a scholarship to help pay the cost of educational expenses.

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

\_\_\_\_\_  
**Date**

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



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## Center Participation Agreement

**(This agreement must be completed by the sponsoring program's chairperson/owner in order to process application)**

The Child Care Center/Preschool Teacher Bachelor Degree Scholarship Program offered through the Alabama Partnership for Children requires the participation of each scholarship recipient's employing program.

In the event that \_\_\_\_\_ (insert applicant's name) is awarded a scholarship, I understand that the sponsoring program agrees to participate in one of the following ways. (Please check either option 1 or 2 to indicate which option you prefer).

### \_\_\_\_\_ Option #1-Raise Option

1. Pay 10% of the cost of tuition and books for courses totaling 9-18 credit hours at an approved college or university for the scholarship employee.
2. Provide paid release time each week for my scholarship employee. The amount of release time is equal to the number of credit hours the employee is taking up to a maximum of six hours per week. Release time will be provided when the college or university is in session and the recipient is enrolled in coursework.
3. At the end of the contract, upon completion of 9-18 credit hours, issue a 2% raise.

### \_\_\_\_\_ Option #2-Bonus Option

1. Pay 10% of the cost of tuition and books for courses totaling 9-18 credit hours at an approved college or university for the scholarship employee.
2. Provide paid release time each week for my scholarship employee. The amount of release time is equal to the number of credit hours the employee is taking up to a maximum of six hours per week. Release time will be provided when the college or university is in session and the recipient is enrolled in coursework.
3. At the end of the contract, upon completion of 9-18 credit hours, award a \$300 bonus.

Dept. of Human Resources License #: \_\_\_\_\_ County: \_\_\_\_\_

Center/Home Name: \_\_\_\_\_

Director's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Location Address:

\_\_\_\_\_  
\_\_\_\_\_ zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_ zip \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please print name of director or chairperson/owner: \_\_\_\_\_

Signature of director or chairperson/owner: \_\_\_\_\_

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



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To be completed by Sponsoring Program's Director or Chairperson/Owner:

**FOR ALL PROGRAMS:**

Type:  Center  Family Home  Family Group Home

Center Auspices:  Profit  Nonprofit  Head Start  
 Religious/Church  Public School

Number of children licensed/registered to care for: \_\_\_\_\_ Number currently enrolled: \_\_\_\_\_

Is your center accredited?  Yes  No

If yes, by whom? \_\_\_\_\_

**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: Contracts |
| <input type="checkbox"/> State Pre-K      | <input type="checkbox"/> State Subsidies: Vouchers  |

**FOR HEAD START OR MULTI-SITE PROGRAMS:**

Is this child care program owned or managed by another organization?  Yes  No

If yes, give the parent company name/address:

Parent Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Return this application with income verification and DHR license to:**

T.E.A.C.H. Early Childhood® ALABAMA  
2529 Bell Road  
Montgomery, Alabama 36117

If you have any questions, please call 1-866-711-4025 (toll-free) or 334-271-0304.

[www.SmartStartAlabama.org](http://www.SmartStartAlabama.org)