



T.E.A.C.H. Early Childhood North Carolina
Master's Degree/Emphasis in Early Childhood
Leadership and Management Scholarship Application

Section I: Demographics for all applicants

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

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

If you are employed in an NC licensed early care facility go to Section II

If you are employed in an early care focused organization go to Section III

Section II: Employment information for NC licensed early care facility employees

What is your current job title?

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

If you are a teacher, what age groups do you teach? (please 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 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 current facility? (mm/dd/yyyy) _____

Section III: Employment information for early care focused organization employees

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

Less than 2 Years

6-10 Years

2-5 Years

10+ Years

What is your current job title? _____

Beginning date of employment? (mm/dd/yyyy) _____

How many hours a week do you work? _____

Section IV: Education information for all applicants

Please check the box that best describes your educational history

Bachelors in ECE

Bachelor's Human Development and Family Studies

Non-ECE Bachelor Degree with 12 credits of ECE coursework (Major): _____

Some coursework towards Master's Degree in Child Development

Master's Degree (Major): _____

Please check the one that best describes your educational goals

Earn a Master's Degree in Early Childhood Leadership and Management

Complete coursework related to a Master's Degree in Early Childhood Leadership and Management

Are you currently enrolled in a graduate program at an in-state university?

Yes

No

If yes, which degree are you working on? _____

When would you like your scholarship to begin?

FALL

SPRING

SUMMER

Year _____

Which of the participating universities would/do you attend?

University of North Carolina at Greensboro

University of North Carolina at Wilmington

Section V: Essays for all applicants

You must answer all three of the following essay questions. Each of the essays must be type written, single-spaced and cannot exceed two pages.

1. Please describe and document your previous early care and education experience.
Please provide specific examples.
2. Please describe your early care and education leadership goals.
3. How will a Master's Degree in Leadership and Management help you achieve your goals in the field of early care and education?





Section VI: Participation Agreement for All Applicants

I am aware that I am required to pay 100% of the cost of books for courses leading to a Master’s of Education Degree. T.E.A.C.H. Early Childhood® Project will provide 100% of in-state tuition and provide a \$250.00 (9-12 credit hours) or a \$500.00 bonus (13-18 credit hours) at the completion of a contract. I am also willing to continue my work in the early care and education field for one year with six months of the year being at the sponsoring employer, after completing the contract.

(Signature of Applicant)

Section VII: Employer Participation Agreement

(N/A for Applicants Who Are Family Child Care Owners)

The T.E.A.C.H. Early Childhood ® On-Line Master’s Degree Scholarship Program offered through Child Care Services Association requires the participation of each scholarship recipient’s employing agency. In the event that _____ (*Applicant Name*) is awarded a scholarship, I understand that _____ (*Agency/ Facility Name*) agrees to participate in the following way.

_____ **Sponsoring Agency/ Facility**

Provide three hours of paid release time (not reimbursable) per week each semester while recipient is on scholarship

Participate in any evaluation surveys while recipient is on scholarship

To be completed by All Facilities and/or Organizations

(including family child care facilities)

Please print name of authorized representative for agency/ facility _____
 Signature of authorized representative for agency/ facility _____
 Program License or Registration Number if applicable _____
 Agency/ Facility Name _____
 Agency/ Facility Address (city, state, zip, county) _____
 Email Address _____
 Tax ID Number _____

Number of children served _____

Center Auspice: Profit Nonprofit Head Start
 Center Star Rating: 1 2 3 4 5 GS110
 Is your Center accredited: YES NO

If yes by whom? _____





Please check all forms of funding your facility receives if applicable

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Head Start | <input type="checkbox"/> State PreK | <input type="checkbox"/> State Subsidies: Contracts |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> Title I | <input type="checkbox"/> State Subsidies: Vouchers |
| <input type="checkbox"/> State Head Start | <input type="checkbox"/> IDEA | |

For Head Start or Multi-Site Programs

Is this child care facility owned or managed by another organization?

- YES No

If yes, give the parent company name/address:

Section VIII: Application Checklist for all applicants

Please review the application carefully and enclose all requested materials before submitting scholarship application to T.E.A.C.H.

- | | |
|---|--|
| <input type="checkbox"/> Application Completed | <input type="checkbox"/> Admission Letter from UNC- Wilmington or UNC-Greensboro |
| <input type="checkbox"/> Three Reference Forms | <input type="checkbox"/> 3 Essays Completed |
| <input type="checkbox"/> Participation Agreement Signed | <input type="checkbox"/> Transcript verifying BA degree/ECE coursework |
| <input type="checkbox"/> Employment statement | |



Return this application to: T.E.A.C.H. Early Childhood® Project
 P.O. Box 231, Chapel Hill, NC 27514 or fax (919) 967-7040
 If you have any questions, please call (919) 967-3272
www.childcareservices.org

T.E.A.C.H. Early Childhood® Master’s Degree Scholarship Reference Form

Thank you for agreeing to provide a reference for a T.E.A.C.H. Early Childhood® Master’s Scholarship applicant. Below are a list of statements that we would like you to use to evaluate the applicant. Please circle the word that best describes how true the statement is for the applicant. Also feel free to tell us anything else you believe might be useful in our decision-making process. **Please return your evaluation to the applicant in a sealed envelope who will send it to us along with his or her completed application.**

Name of TEACH Early Childhood® Master’s Scholarship applicant

Printed name, title and address of person completing this reference

Please indicate your relationship to the applicant

- | | | | | | |
|---|--------|---------|-----------|-------|------------|
| 1. This applicant has demonstrated ECE or management skills. | Always | Usually | Sometimes | Never | Don’t Know |
| 2. This applicant respects and values others of different races, cultures, religions and economic backgrounds. | Always | Usually | Sometimes | Never | Don’t Know |
| 3. This applicant is active in the ECE community. | Always | Usually | Sometimes | Never | Don’t Know |
| 4. This applicant has demonstrated an interest in and commitment to the early care and education field. | Always | Usually | Sometimes | Never | Don’t Know |
| 5. This applicant shows future leadership and/or management potential. | Always | Usually | Sometimes | Never | Don’t Know |



6. Please tell us what makes this applicant an ideal candidate for the T.E.A.C.H. Early Childhood® Master’s Degree Scholarship Program.

7. How long and in what context have you known the applicant?

8. Feel free to make additional comments in the space below.

 Signature

 Date





T.E.A.C.H. Early Childhood® Master's Degree Scholarship Reference Form

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Please indicate your relationship to the applicant

- | | | | | | |
|---|--------|---------|-----------|-------|------------|
| 1. This applicant has demonstrated ECE or management skills. | Always | Usually | Sometimes | Never | Don't Know |
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Signature

Date





T.E.A.C.H. Early Childhood® Master’s Scholarship Reference Form

Thank you for agreeing to provide a reference for this T.E.A.C.H. Early Childhood® Master’s Scholarship applicant. Below are a list of statements that we would like you to use to evaluate the applicant. Please circle the word that best describes how true the statement is for the applicant. Also feel free to tell us anything else you believe might be useful in our decision-making process. **Please return your evaluation to the applicant in a sealed envelope who will send it to us along with his or her completed application.**

Name of TEACH Early Childhood® Master’s Scholarship program applicant

Printed name, title and address of person completing this reference

Please check the appropriate box indicating your relationship to the applicant

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Professor | <input type="checkbox"/> Co-worker |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Other (specify) _____ |

- | | Always | Usually | Sometimes | Never | Don't Know |
|---|--------|---------|-----------|-------|------------|
| 1. This applicant has demonstrated ECE or management skills. | | | | | |
| 2. This applicant respects and values others of different races, cultures, religions and economic backgrounds. | | | | | |
| 3. This applicant is active in the ECE community. | | | | | |
| 4. This applicant has demonstrated an interest in and commitment to the early care and education field. | | | | | |
| 5. This applicant shows future leadership and/or management potential. | | | | | |





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7. How long and in what context have you known the applicant?

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Signature

Date

