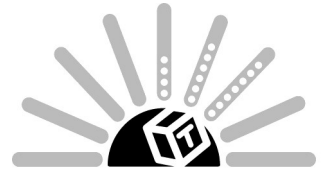


T.E.A.C.H. Early Childhood® NEBRASKA Scholarship Application



Nebraska Association for the
Education of Young Children



T.E.A.C.H. Early Childhood®
NEBRASKA
A Program of Nebraska Association
for the Education of Young Children

Instructions and Helpful Information

- CAREFULLY and COMPLETELY read and fill out every page. Answer every question.
- Sign and initial page six of the application.
- Attach pay verification:
 - A recent paystub (center teachers and director employees) *OR*
 - Parent receipts or a detailed statement of income (family child care providers and director owners)
- Child care center teachers and director employee: Have your sponsoring program carefully read, complete, and sign page five.
- Bachelor degree applicants: Included a degree audit from the University you wish to attend.
- Submit completed application by mail, fax or email
- Please keep a copy of your complete application for your records!!**

Next Steps

- Contact the college/university you would like attend and ask for information about becoming a student there.
- A T.E.A.C.H. scholarship counselor will be in touch with you shortly. It can take 4-6 weeks to completely approve a scholarship application. You can always call or email to verify your application has been received.

Bachelor Degree Applicants:

It is strongly recommended that you call or email a scholarship counselor before you apply for a Bachelor/Bachelor Gap Scholarship. If you have not spoken to a scholarship counselor concerning your application, please do so before submitting your application.

Return this entire application packet with income verification to:

T.E.A.C.H. Early Childhood® NEBRASKA ♦ 650 J Street, Suite 23 ♦ Lincoln, NE 68508

Fax: (402) 476-5665 / Email: teach@nebraskaeyc.org

More information can be found at www.NebraskaAEYC.org or
call (402) 858-5143 or toll free (877) 656-2005.

*T.E.A.C.H. Early Childhood® NEBRASKA is a licensed program of
Child Care Services Association and is managed by the Nebraska Association for the Education of Young Children.*

T.E.A.C.H. Early Childhood® NEBRASKA Scholarship Application

General Demographic Information-

I have applied for a T.E.A.C.H. scholarship in the past or was a previous T.E.A.C.H. student: No Yes

I am applying for a/an:
 _____ Associate Degree Scholarship _____ Bachelor Degree Scholarship _____ Bachelor Degree Gap Scholarship

Name: _____ Today's Date: _____

Social Security Number: _____ Birth Date: _____

Address: _____ Gender: _____

City State Zip Code County

Phone: home () _____ cell or other # () _____ work () _____ Ext. _____

Email: *please print clearly* _____ *Please list an email that is checked frequently*

What is your job title? _____ Family Child Care Provider _____ Lead/Head Teacher
 (please choose one) _____ Program Director-Owner _____ Teacher
 _____ Program Director-Employee _____ Teacher Assistant/Aide
 _____ Other, please list _____

Beginning date of employment in current workplace? _____
 (month) (day) (year)

How long have you worked in the early childhood field? _____
 (years) (months)

What ages of children do you provide care for? _____

Number of children in your classroom/group? _____

How did you find out about T.E.A.C.H. Early Childhood® NEBRASKA? _____

How many people live in your household? (only include self, spouse, children) _____

Household Status: _____ married/parent _____ married/no children
 _____ single/parent _____ single/no children

Do you consider yourself?: _____ African-American _____ Asian-American _____ Caucasian (white)
 _____ Latino _____ Native-American _____ Other: _____

Preferred language for learning: _____ Other languages you speak fluently: _____

Have your parents or siblings ever attended college? No Yes

Have your parents or siblings ever graduated from college? No Yes

Are you CPR/First Aid certified? No Yes

Do you hold any of the following credentials and/or specializations?
 CDA (*Specialization:* *Infant/Toddler* *Preschool* *Family Child Care* *Home Visitor* *Bi-Lingual*)
 State Teaching License *What state?* _____ State Issued Credential *What state?* _____

**For Office
Use Only**

**Updated
July 2015**

Date Received: _____ Model: _____ Funder: _____
 Initial Approval: _____ Final Approval: _____ Notified of Award/Date: _____
 Incomplete/Ineligible/Date Returned/Reason: _____

Income Statement– Please only fill out one section.

Section 1– Child Care Program Teacher/Aides, Director Employees & Director Owners that are paid a salary.

Section 2– Family Child Care Providers & Director Owners that are not paid a salary.

! All applicants must submit a copy of their primary child care income and hours worked for verification. **!**
 Teacher/assistants/aides and directors that are paid a salary must submit their most recent pay stub.
 Family child care providers and director owners that are not paid a salary must submit parent receipts or a detailed statement. Do NOT send copies of taxes or a W-2.

SECTION 1– Child Care Program Teacher/Aides, Director Employees & Director Owners that are paid a salary.

Name of Employer: _____ How many hours per week do you work? _____

I am paid \$ _____ per hour week month year

I work: a full year a partial year (please explain) _____

Total yearly household income (including spouse income): _____

For Office Use Only– \$ _____ Hourly Salary

SECTION 2– Family Child Care Providers & Director Owners that are not paid a salary.

Please complete for the last full month you provided child care:

How many hours per week do you work? _____ (60 hours per week maximum)

Revenue

What is the total amount paid to you by parents each month? \$ _____

How much was your Child Care Food Program Reimbursement? \$ _____

How much was your monthly child care subsidy (Title XX) payment? \$ _____

Total Monthly Income (total of all income sources) \$ _____

Expenses

Last month, how much did you spend on expenses for your child care?:

Food \$ _____ Toys \$ _____

Asst. Care/Substitutes \$ _____ Crafts/Supplies \$ _____

Mileage (48.5 cents per mile) \$ _____ Training Fees \$ _____

Gifts for Children/Families \$ _____ Other (specify) \$ _____

Total Monthly Expenses (total of all expenses) \$ _____

For Office Use Only

Total Monthly Revenue \$ _____ x 12 = \$ _____ = Yearly Revenue

Total Monthly Expenses \$ _____ x 12 = \$ _____ = Yearly Expenses

Yearly Revenue \$ _____ - Yearly Expenses \$ _____ = \$ _____

÷ 52 weeks = \$ _____ ÷ hours worked per week _____ = \$ _____ Hourly Salary

DON'T FORGET TO INCLUDE YOUR PAY VERIFICATION!!

Education Information-

High School	Dates Attended	Diploma? (check one)	GED? (check one)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University	Dates Attended	Majors	Credits Earned/Degree

! Bachelor and Gap applicants must submit a copy of a degree audit from the University they wish to attend. !

Which college or university would you like to attend? _____
 _____ (College) _____ (Campus/City)

When would you like to start? (Term) _____ Spring _____ Summer _____ Fall _____ Winter (SCC & MCC students only)

Are you currently enrolled in an Early Childhood Degree program at a college or university in Nebraska?
 _____ No _____ Yes; Please describe how far along you have progressed toward the degree: _____

Have you taken any college credits in the last two years? No Yes

Have you taken any early childhood education credits in the last two years? No Yes - How many? _____

Have you applied for other financial aid? No Yes—What have you applied for and what have you been awarded?

Participating Child Care Program Information-

License Number- (*found in 3rd paragraph of license*): _____ Number of Staff Employed: _____
 License Capacity: _____ Number of Children Currently Enrolled: _____
 License type: _____ Family Child Care Home I _____ Family Child Care Home II _____ Preschool
 _____ Child Care Program _____ Grant Funded Public School Preschool (Formally Rule 11)
 Program Auspices: _____ Independent not-for-profit _____ Church Affiliated _____ Head Start
 _____ For Profit _____ Public not-for-profit
 Is this program accredited?: Yes No If yes, by who?: _____
 This program participates in NE Step Up To Quality: No Yes—What step have you been awarded? _____
 Subsidy Information: (*Formally, Title XX*)
 _____ This program accepts child care subsidy and currently has children receiving subsidized care.
 _____ This program accepts child care subsidy, but doesn't currently have children receiving subsidy in care.
 _____ This program does not accept child care subsidy.
Family child care providers may skip this section.
 Name of Program: _____
 Program Address: _____ County of Program: _____
 City: _____ State: _____ Zip: _____
 Program Phone Number: () _____ Fax: () _____
 Contact Person: _____ Title: _____
 Email: *please print clearly* _____ *Please list an email that is checked frequently*

! Family Child Care Providers and Director Owners DO NOT need to fill out Program Participation Agreement section. This section should be filled out by an authorized representative from the sponsoring child care program. !

Participating Child Care Program Information Continued-

Is this program managed by another organization or entity?:
 _____ No- *If no, please skip this section* _____ Yes- *If yes, please provide parent company name and address:*
 Name of Parent Organization: _____
 Address : _____
 City: _____ State: _____ Zip: _____
 Where should bills be sent? Program-Attn: _____ Parent Organization-Attn: _____
 Other information ? Program-Attn: _____ Parent Organization-Attn: _____

Program Participation Agreement- T.E.A.C.H. Early Childhood® NEBRASKA requires the participation of each scholarship recipient's employing child care program. In the event that your employee is awarded a scholarship, you understand that the program agrees to participate in one of the following ways. Please check the option you prefer.

CHOOSE ONE OPTION- PLEASE INITIAL IN THE BOX

<input style="width: 50px; height: 30px;" type="checkbox"/>	<u>SECTION 1- Child Care Program Teacher/Teacher Aide Only</u>
<input style="width: 50px; height: 30px;" type="checkbox"/>	<p>Option One- Raise</p> <ol style="list-style-type: none"> 1. Pay 10% of the cost of tuition and books for courses totaling 9-15 semester credit hours or 12-18 quarter credit hours per year. 2. Provide four hours of paid release time each week for my scholarship employee and submit paperwork to T.E.A.C.H. for partial reimbursement. Release time will be provided when college is in session. 3. At the end of the contract, upon completion of required credit hours, award a 2% pay raise in addition to any regularly scheduled raise.
<input style="width: 50px; height: 30px;" type="checkbox"/>	<p>Option Two- Bonus</p> <ol style="list-style-type: none"> 1. Pay 10% of the cost of tuition and books for courses totaling 9-15 semester credit hours or 12-18 quarter credit hours per year. 2. Provide four hours of paid release time each week for my scholarship employee and submit paperwork to T.E.A.C.H. for partial reimbursement. Release time will be provided when college is in session. 3. At the end of the contract, upon completion of required credit hours, award a \$350 bonus in two installments.
<input style="width: 50px; height: 30px;" type="checkbox"/>	<u>SECTION 2- Child Care Program Director Employee Only</u>
<input style="width: 50px; height: 30px;" type="checkbox"/>	<p>Option One- Raise</p> <ol style="list-style-type: none"> 1. Pay 10% of the cost of tuition and books for courses totaling 9-15 semester credit hours or 12-18 quarter credit hours per year. 2. At the end of the contract, upon completion of required credit hours, award a 2% pay raise in addition to the regularly scheduled raise.
<input style="width: 50px; height: 30px;" type="checkbox"/>	<p>Option Two- Bonus</p> <ol style="list-style-type: none"> 1. Pay 10% of the cost of tuition and books for courses totaling 9-15 semester credit hours or 12-18 quarter credit hours per year. 2. At the end of the contract, upon completion of required credit hours, award a \$350 bonus in two installments.

Statement & Signature of Participating Program-

The information that I have provided is true and accurate. I understand the responsibilities of the participating program. I am authorized to commit the program to these requirements, if our employee is awarded a scholarship.

Signature of Director/Owner/Chairperson: _____
 Printed Name: _____ Date: _____









T.E.A.C.H. Recipient Personal Responsibilities Agreement

This is an agreement between T.E.A.C.H. Early Childhood® NEBRASKA and the scholarship recipient. Please read carefully, initial each box, and then sign this agreement.

CONGRATULATIONS ON YOUR DECISION TO CONTINUE YOUR EDUCATION!!

You should be very proud of yourself for investing in your own future and increasing your education. This scholarship represents an amazing opportunity—a debt free college education! This benefit comes with various responsibilities. Please understand that by signing this agreement, you will fulfill all of the terms of the Personal Responsibilities Agreement. **If you do not fulfill all the terms of the Personal Responsibilities Agreement, you may be asked to repay what has been invested in your education and will jeopardize your continued and/or future eligibility to participate in this program.**

As a T.E.A.C.H. Early Childhood® Scholarship Recipient, I will (please initial each box):

1. Commit to continued employment at my sponsoring program. I understand that I will continue to work at my sponsoring program while enrolled in course work AND for an additional 12-18 months, depending on my scholarship model. (If you are considering a work/career/location change **do not** apply for this scholarship) 
2. Complete 9-15 semester credit hours (per year) or 12-18 quarter credit hours (per year) **during a 12 month period**. Attend class, study, work hard and be a responsible student. This is a great opportunity that should be taken seriously. 
3. 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. He/She is just a phone call or email away and can answer many questions. 
4. Contact my scholarship counselor regarding **any changes** to my employment, contact information, personal life, or college status. I will notify my counselor **IMMEDIATELY** (do not wait until the term is over) if I am having difficulty in meeting my course/college requirements or scholarship contract. 
5. Submit paperwork and forms in a timely manner. Class schedules must be submitted in time for scholarship counselors to issue charge approvals to the appropriate school. If my model includes paid release time, I will sign the Form C's, be sure my director (if applicable) signs the Form C and help get it submitted for reimbursement for release time. 
6. Submit my grades within **30 days** of the close of the term. Keeping my scholarship record up-to-date is critical to ensuring that I can continue my education without unnecessary delays. 
7. Pay 10% (teachers and director employees) or 20% (family child care providers and director owners) of the cost of tuition and books. Pay my bills from T.E.A.C.H. and/or my college in a timely manner. It is my responsibility to ensure that I am meeting all of my obligations. 
8. Apply for FAFSA (Free Application for Federal Student Aid) every year, and submit documentation to my scholarship counselor as requested. 

What are your professional goals in early childhood education? Describe how a degree will help you achieve these goals.

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 the Nebraska Association for the Education of Young Children, Inc. for a scholarship to help pay the cost of educational expenses.

Signature: _____

Printed Name: _____ Date: _____