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

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 to 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
Email: teach@nebraskaaeyc.org
More information can be found at www.NebraskaAEYC.org or call (402) 858-5143.

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.
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? __________

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.  

<table>
<thead>
<tr>
<th>Name of Employer: __________________________</th>
<th>How many hours per week do you work? __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am paid $__________________________ per</td>
<td>☐ hour ☐ week ☐ month ☐ year</td>
</tr>
<tr>
<td>I work: ☐ a full year ☐ a partial year (please explain) __________________________</td>
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<tr>
<td>Total yearly household income (including spouse income): __________________________</td>
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**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 $ ________________ = $ ________________

\[ \frac{\text{Yearly Revenue} - \text{Yearly Expenses}}{52 \text{ weeks}} \times \text{hours worked per week} = \frac{\text{Hourly Salary}}{} \]

DON’T FORGET TO INCLUDE YOUR PAY VERIFICATION!!
**Education Information**

<table>
<thead>
<tr>
<th>High School</th>
<th>Dates Attended</th>
<th>Diploma? (check one)</th>
<th>GED? (check one)</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
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<table>
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<tr>
<th>College/University</th>
<th>Dates Attended</th>
<th>Majors</th>
<th>Credits Earned/Degree</th>
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**Note:** 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: __________________________________________________________

City: ____________________________  State: ____________________________  Zip: _______________________

Program Phone Number: (          ) ____________________________ Fax: (          ) ____________________________

Contact Person: ____________________________________________________________ Title: ____________________________

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

<table>
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<td>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.</td>
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<tr>
<td>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.</td>
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<tr>
<td>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.</td>
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**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: __________________________________________ Date: __________________________
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: __________________________________________ Date: __________________________

Printed Name: ______________________________________