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: Include a degree audit from the University you wish to attend.
☐ Submit completed application by mail 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. (We advise our students to start off with one class to see how school will fit into your work and personal life.)
☐ 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.
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: ______________________ Gender: _______________

Full Address: _____________________________________________________________________   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
- □ 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 in your classroom/group? ___________________________________________

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 Latinx? _____ No
- □ Yes (This includes Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, Spanish)

What do you consider yourself?:    ____ White   ____ Black or African-American   ____ American Indian or Alaska Native
- □ Native Hawaiian or Pacific Islander (This includes Samoan, Chamorro, or other Pacific Islander)
- □ Asian (This includes Asian Indian, Japanese, Chinese, Korean, Vietnamese, Filipino, or other Asian)
- □ Other, two or more races   ____ 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

Date Received: ____________________   Model: ____________________   Funder: ____________________

Initial Approval: __________   Final Approval: __________   Notified of Award/Date: __________________

Incomplete/Ineligible/Date Returned/Reason: ____________________
### 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

- How much was 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!!
Which college or university would you like to attend? _____________________________ _____________________________

(College)  (Campus/City)

When would you like to start? (Term) _____ Spring _____ Summer _____ Fall _____ Winter (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?

Education Information -

<table>
<thead>
<tr>
<th>High School</th>
<th>Dates Attended</th>
<th>Diploma? (check one)</th>
<th>GED? (check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ Yes  □ No</td>
<td>□ Yes  □ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>College/University</th>
<th>Dates Attended</th>
<th>Majors</th>
<th>Credits Earned/Degree</th>
</tr>
</thead>
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</table>

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

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
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**

![Option One– Raise](https://example.com/option-one)

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.

![Option Two– Bonus](https://example.com/option-two)

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.

![Section 1– Child Care Program Teacher/Teacher Aide Only](https://example.com/section-1)

**SECTION 2– Child Care Program Director Employee Only**

![Option One– Raise](https://example.com/option-one)

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.

![Option Two– Bonus](https://example.com/option-two)

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.

Please check one that best describes your educational goals on a T.E.A.C.H. scholarship:

- Take a few early childhood courses to obtain or upgrade job-related skills
- Earn an Early Childhood, Infant/Toddler, or School-Age Certificate
- Earn an Early Childhood Associate Degree
- Earn an Early Childhood Associate Degree and transfer to a four-year college/university to earn a Bachelor’s Degree
- Earn a Birth-Kindergarten License
- Earn a Bachelor Degree

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: __________________________________________