TEACH Early Childhood® Nebraska

Associate & Bachelor Degree Scholarship Application

neaeyc Nebraska Association for the Education of Young Children

TEACH 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 directors) *OR*
  - ☐ A detailed statement of income (family child care providers and directors that are not paid a salary)
- ☐ Child care center teachers and director employees: Have your sponsoring program carefully read, complete, and sign page five.
- ☐ Bachelor degree applicants: Include a degree audit from the college/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.)
- ☐ The TEACH Program Coordinator 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.

Associate Degree Applicants:
If your goal after earning your associate degree is to go on to get your bachelor's degree, you will want to pursue an Associate of Arts (AA) degree at your community college.

Bachelor Degree Applicants:
It is strongly recommended that you call or email the TEACH Program Coordinator before you apply for a Bachelor/Bachelor Gap Scholarship. If you have not spoken to the TEACH Program Coordinator concerning your application, please do so before submitting your application.

Return this entire application packet with income verification to:

TEACH Early Childhood® Nebraska ◊ 215 Centennial Mall South, Suite 300 Lincoln, NE 68508

Email: teach@nebraskaaeyc.org

More information can be found at www.NebraskaAEYC.org or call (402) 858-5143.

TEACH Early Childhood® Nebraska is a licensed program of Early Years.
The TEACH Early Childhood® Nebraska scholarship and all terms that apply are contingent on funding.

TEACH Early Childhood® Nebraska Scholarship Application

General Demographic Information-

I have applied for a TEACH scholarship in the past or was a previous TEACH 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: _____ *(Optional)* Gender: _____

Full Address: _____ County: _____

Phone: *Home* ( )_____ *Cell or other #* ( )_____ W*ork* ( )_____ Ext.___

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

What is your job title? *(Please choose one)*
☐ 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 TEACH 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

(Optional—Select All That Apply) Regarding Race & Ethnicity, I identify as:
☐ White ☐ Black or African American ☐ American Indian or Alaska Native
☐ Native Hawaiian or Pacific Islander ☐ Asian
☐ Hispanic or Latino ☐ Middle Eastern or North African
☐ 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

Updated July 2026

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 Teachers/Assistants/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. Teachers/assistants/aides and directors that are paid a salary must submit their most recent paystub. Family child care providers and director owners that are not paid a salary must submit a detailed statement of income. Do NOT send copies of taxes or a W-2. !

SECTION 1– Child Care Program Teachers/Assistants/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)
		☐ Yes ☐ No	☐ Yes ☐ 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 (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– The information in this box should correspond with the building the applicant works in.

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- TEACH 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

☐

SECTION 1– If the applicant is a: Child Care Program Teacher/Assistant/Aide.

Option One– Raise

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 upon receipt of an invoice.
2. Provide four hours of paid release time each week for my scholarship employee and submit paperwork to TEACH 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

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 upon receipt of an invoice.
2. Provide four hours of paid release time each week for my scholarship employee and submit paperwork to TEACH 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 2– If the applicant is a: Child Care Program Director Employee.

Option One– Raise

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 upon receipt of an invoice.
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

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 upon receipt of an invoice.
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: _____

TEACH Recipient Personal Responsibilities Agreement

This is an agreement between TEACH 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 will 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 TEACH 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 coursework 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.) Initial
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. Initial
3. Regularly communicate with the TEACH Program Coordinator. He/She 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. Initial
4. Contact the TEACH Program Coordinator regarding **any changes** to my employment, contact information, personal life, or college status. I will notify the TEACH Program Coordinator **IMMEDIATELY** if I am having difficulty in meeting my class requirements. Do not wait until the term is over. Initial
5. Submit paperwork and forms in a timely manner. Class schedules must be submitted in time for the TEACH Program Coordinator 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. Initial
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. Initial
7. Pay 10% (teachers and director employees) or 20% (family child care providers and director owners) of the cost of tuition and books upon receipt of an invoice. Pay my bills from TEACH and/or my college in a timely manner. It is my responsibility to ensure that I am meeting all of my obligations. Initial
8. Apply for FAFSA (Free Application for Federal Student Aid) every year and submit documentation to the TEACH Program Coordinator, as requested. Initial

Please check one that best describes your educational goals on a TEACH scholarship:

- ☐ Take a few early childhood courses to obtain or upgrade job-related skills
- ☐ Earn an Early Childhood Certificate or Diploma
- ☐ 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: _____

Printed Name: _____ Date: _____