

When would you like to begin (circle one and fill in the year)?

FALL      SPRING      SUMMER      \_\_\_\_\_  
Year

## Early Childhood Associates Degree Scholarship Application Center Directors (Non-Owner)

### General Information

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 BIRTHDATE: \_\_\_\_\_ GENDER: \_\_\_\_\_ Male \_\_\_\_\_ Female  
 STREET ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
 TELEPHONE NUMBERS – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

#### EMPLOYMENT STATUS:

- What is your job title? \_\_\_\_\_
- How many hours per week do you work? \_\_\_\_\_
- Beginning date of employment in current work place? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- What age group(s) do you teach? \_\_\_\_\_
- Number of children in your classroom or child care home? \_\_\_\_\_
- What is your current hourly salary? \_\_\_\_\_

#### FAMILY STRUCTURE:

- How many people live in your household? \_\_\_\_\_
- List everyone in your household and their relationship to you:  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

#### ETHNICITY:

\_\_\_\_\_ White/European American      \_\_\_\_\_ Black/African American      \_\_\_\_\_ Hispanic/Latino/Latina  
 \_\_\_\_\_ Asian/Pacific Islander      \_\_\_\_\_ American Indian (Tribe: \_\_\_\_\_)  
 \_\_\_\_\_ Bi-racial      \_\_\_\_\_ Other: \_\_\_\_\_

**Early Childhood Associates Degree Scholarship Application  
Center Directors (Non-Owner)**

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

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How many years have you worked in the Early Care and Education Profession? \_\_\_\_\_

**Educational Information**

**HIGH SCHOOL**

<b>NAME:</b>	<b>DATES ATTENDED:</b>	<b>DIPLOMA RECEIVED?</b> ____ Yes    ____ No	<b>G.E.D. RECEIVED?</b> ____ Yes    ____ No
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**COLLEGE/UNIVERSITY**

<b>NAME:</b>	<b>DATES ATTENDED:</b>	<b>MAJOR:</b>	<b>DEGREE or CREDIT HOURS:</b>
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Which community college would you like to attend (do not abbreviate)?

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Are you currently enrolled in an Early Childhood Degree program at a community college in Arizona?

\_\_\_\_ Yes    \_\_\_\_ No

*If Yes, at which college?* \_\_\_\_\_

*If Yes, which credential or degree are you working on?*

\_\_\_\_ *National CDA Credential*    \_\_\_\_ *Associates Degree*

Describe how far you have progressed toward your degree:

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What are your professional goals in early childhood education? Describe how a degree will help you achieve these goals. Be sure to include your long-term career goals.

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Is there anything you would like us to consider when reviewing your application?

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**Statement of Income**

**INSTRUCTIONS**

List sources of income available to you. For your source of income, you must provide a copy of verification of that income. A statement from your employer indicating your hours and rate of pay, or a most recent paystub, will verify earnings from a job.

**APPLICANT'S INCOME**

Employer: \_\_\_\_\_

Earnings: \_\_\_\_\_ *per* \_\_\_\_\_ Hours/Week: \_\_\_\_\_

How many months per year do you work? \_\_\_\_\_

Have you applied for any other financial aid, such as Pell Grants, scholarships or student loans?

\_\_\_ Yes \_\_\_ No If Yes, please complete 1 and 2 below.

1) Source of financial aid #1: \_\_\_\_\_  
Date applied: \_\_\_\_\_ Application Status: \_\_\_ Awarded\* \_\_\_ Denied \_\_\_ Pending  
*\*If awarded, please provide a copy of your award letter.*

2) Source of financial aid #2: \_\_\_\_\_  
Date applied: \_\_\_\_\_ Application Status: \_\_\_ Awarded\* \_\_\_ Denied \_\_\_ Pending  
*\*If awarded, please provide a copy of your award letter.*

Are you currently participating in the DES Professional Career Pathway Project? \_\_\_ Yes \_\_\_ No

What is your total annual income? \_\_\_\_\_ \$

What is your total family income (your spouse included)? \_\_\_\_\_ \$

**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 T.E.A.C.H. Early Childhood® Program for a scholarship to help pay the cost of educational expenses toward an Associates Degree in Early Childhood Education.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PLEASE ATTACH A COPY OF YOUR MOST RECENT PAYSTUB HERE**

**Center Participation Agreement**

*This agreement must be completed by the center director, owner or board chairperson.*

The Associates Degree Scholarship offered through the T.E.A.C.H. Early Childhood® Program requires the participation of each scholarship recipient's employing child care program.

In the event \_\_\_\_\_ (insert applicant name) is awarded a scholarship, I understand that the center/group home agrees to participate in one of the following ways. (Please check one to indicate which option you prefer).

**Option #1 – Raise Option (AD1)**

1. Pay 10% of the cost of tuition for courses totaling 9-15 credit hours at a local community college for the scholarship employee.
2. Pay 10% of the cost of books totaling 9-15 credit of hours at a local community college.
3. At the end of the contract upon completion of 9-15 credits issue a 2% raise based on the employee's current annual salary.
4. Have a minimum of one teacher also participating in the T.E.A.C.H. Early Childhood® ARIZONA Program.

**Option #2 – Bonus Option (AD2)**

1. Pay 10% of the cost of tuition for courses totaling 9-15 credit hours at a local community college for the scholarship employee.
2. Pay 10% of the cost of books totaling 9-15 credit of hours at a local community college.
3. At the end of the contract upon completion of 9-15 credit hours, award a \$350.00 bonus.
4. Have a minimum of one teacher also participating in the T.E.A.C.H. Early Childhood® ARIZONA Program.

\_\_\_\_\_  
Center Name

\_\_\_\_\_  
License #

\_\_\_\_\_  
Center Address (Street Address, City, State and Zip Code)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature, Title

\_\_\_\_\_  
Date

**Return to:  
Association for Supportive Child Care  
T.E.A.C.H. Early Childhood® ARIZONA  
3910 South Rural Road, Suite E  
Tempe, AZ 85282**