

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

FALL SPRING SUMMER _____
Year

Early Childhood Associates Degree Scholarship Application *DES Certified Family Child Care Providers*

General Information

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

EMPLOYMENT STATUS:

- How many hours per week do you work? _____
- How many months per year do you work? _____
- Beginning date of employment in current work place? _____ / _____ / _____
- What age group(s) do you teach? _____
- Number of children in your 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: _____

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

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

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Educational Information

HIGH SCHOOL

NAME:	DATES ATTENDED:	DIPLOMA RECEIVED? _____ Yes _____ No	G.E.D. RECEIVED? _____ Yes _____ No
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COLLEGE/UNIVERSITY

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

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:

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

_____ Yes _____ No If Yes, please complete #1 below.

1) Source of financial aid: _____

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 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.

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

Monthly Income Statement: Family Child Care Providers Only

Instructions: For income, use the amount you made last month. For expenses, use the amount you spend in an average month. Round to the nearest dollar. USE PENCIL.

Use the Income/Payment Worksheet included with this application OR submit a list of the children's first names and the amount paid WEEKLY for each child by parents, the amount of MONTHLY agency subsidy for each child, and the amount of MONTHLY reimbursement by the USDA Food Program (if applicable).

1.	What is the total amount paid to you by parents each week?	\$ _____
	<i>(Multiply by 4.33 which is the number of weeks in a month)</i>	x 4.33
2.	TOTAL MONTHLY PARENT PAYMENTS	\$ _____
3.	How much is your USDA Food Program reimbursement per month?	\$ _____
4.	How much DES child care subsidy do you receive for children in your care per month?	\$ _____
5.	TOTAL MONTHLY INCOME (add lines 2, 3 and 4)	\$ _____
6.	In an average month, how much do you spend on the children in your child care home? (you do not need to send receipts)	\$ _____
	a. Food (meals, snacks, formula)	\$ _____
	b. Operating costs* (rent/mortgage and utilities allowable by IRS as business expenses – about 35% of total household expense for rent/mortgage, utilities and homeowners insurance is chargeable to your business, or check with your accountant)	\$ _____*
	c. Assistant or substitute	\$ _____
	d. Crafts/supplies/toys/gifts	\$ _____
	e. Transportation* (\$0.485 per mile) (____ total miles x .485)	\$ _____*
	f. Tuition/training fees* (10% of yearly total divided by 12 months)	\$ _____*
	g. Business liability Insurance (yearly total divided by 12 months)	\$ _____*
	h. Business phone (business cell or separate number)	\$ _____
	i. Other (curriculum, advertising, etc. – specify): _____	\$ _____
7.	TOTAL MONTHLY EXPENSES (add lines 6a through 6i)	\$ _____
8.	TOTAL MONTHLY PROFIT/LOSS (Subtract Total Monthly Expenses, Line 7, from Total Monthly Income, line 5)	\$ _____

For your own information, to determine the hourly rate you earn, divide Total Monthly Profit/Loss by the number of hours you work per month (number of hours per week multiplied by 4.33 weeks in a month.)

*See Monthly Business Operating Expenses Worksheet 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 the National CDA Credential assessment fee.

Signature of Applicant

Date

PARTICIPATION AGREEMENT

The Associates Degree Scholarship offered through the T.E.A.C.H. Early Childhood® Program requires the following:

In the event I am awarded a scholarship, I agree to:

- Pay 10% of tuition for courses totaling 9-15 credit hours at a local community college.
- Pay 10% of the cost of books for courses totaling 9-15 credit hours at a local community college.
- Complete 9-15 credit hours in an Early Childhood Education Program during a 12-month period.
- Continue the operation of my family child care home as a licensed facility for one (1) year upon completion of the annual contract.
- Award myself a \$350 bonus upon the successful completion of my yearly contract.

Participant Signature

Print Name

Name of Family Child Care Home

License Number

Email Address

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**