



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

FALL SPRING SUMMER _____ Year

Early Childhood Associates Degree Scholarship Application
Center and DHS Certified Group Home Owner-Director

This application is intended for Directors who also own their center.

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: _____

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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? _____

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:

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?

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 (AO1)**

1. Pay 20% 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 (AO2)**

1. Pay 20% 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