



**T.E.A.C.H. Early Childhood® Rhode Island**  
**Scholarship Application –**  
**Master’s Degree Model**  
**Family Child Care Providers**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 College Email (if different): \_\_\_\_\_

**Employment Status**

What is your current job title?	<input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Administrator	<input type="checkbox"/> Family Based Professional <input type="checkbox"/> Non-Teaching Professional Staff <input type="checkbox"/> Non-Teaching Support Staff
How long have you worked in the field of early childhood?	<input type="checkbox"/> Less than 2 Years <input type="checkbox"/> 2-5 Years	<input type="checkbox"/> 6-10 Years <input type="checkbox"/> 10+ Years
What age groups do you teach? (please check all that apply)	<input type="checkbox"/> Infants (0-12 Months) <input type="checkbox"/> Toddler (13-36 Months)	<input type="checkbox"/> Preschool (37 Months – PreK) <input type="checkbox"/> School Age

How many children are in your child care facility? \_\_\_\_\_  
 How many hours per week do you work? \_\_\_\_\_  
 How many months per year do you work? \_\_\_\_\_  
 Beginning date of employment at current facility? \_\_\_\_\_  
 What is your current hourly wage? \_\_\_\_\_

**Ethnicity**

**Are you of Hispanic, Latino or Spanish origin?**

- No  
 Yes, Mexican, Mexican American, Chicano  
 Yes, Puerto Rican  
 Yes, Cuban  
 Other Hispanic, Latino or Spanish

**Do you consider yourself...?**

- White  
 Black or African American  
 Hispanic  
 Asian Indian  
 Japanese  
 American Indian or Alaska Native  
 Chinese  
 Korean  
 Guamanian or Chamorro

- |                                     |   |   |
|-------------------------------------|---|---|
| <input type="checkbox"/> Filipino   | <input type="checkbox"/> Other Asian: _____ | <input type="checkbox"/> Other Pacific Islanders: _____ |
| <input type="checkbox"/> Vietnamese |   |   |
| <input type="checkbox"/> Samoan     |   | <input type="checkbox"/> Other race: _____              |

**The above information is used for demographic purposes only**

Please check the box indicating what language(s) you speak fluently (please check all that apply)

- |                                   |                                     |  |
|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Arabic   | <input type="checkbox"/> Japanese   | <input type="checkbox"/> Swahili       |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Korean     | <input type="checkbox"/> Tagalog       |
| <input type="checkbox"/> Chinese  | <input type="checkbox"/> Lao        | <input type="checkbox"/> Thai          |
| <input type="checkbox"/> Creole   | <input type="checkbox"/> Persian    | <input type="checkbox"/> Tribal: _____ |
| <input type="checkbox"/> English  | <input type="checkbox"/> Polish     | <input type="checkbox"/> Urdu          |
| <input type="checkbox"/> French   | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Vietnamese    |
| <input type="checkbox"/> Greek    | <input type="checkbox"/> Russian    | <input type="checkbox"/> Yiddish       |
| <input type="checkbox"/> Hindi    | <input type="checkbox"/> Spanish    | <input type="checkbox"/> Other: _____  |

**How many people live in your household?** \_\_\_\_\_

**Of those, how many are:**

Your parents? \_\_\_\_\_ Siblings? \_\_\_\_\_ Spouse or significant other? \_\_\_\_\_ Children? \_\_\_\_\_ Other? \_\_\_\_\_

Have either of your parents or any of your brothers and sisters attended college?  Yes  No

Do either of your parents or any of your brothers and sisters have a college degree?  Yes  No

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

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> Presentation | <input type="checkbox"/> My Center Director   | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Mailing      | <input type="checkbox"/> T.E.A.C.H. Recipient |  |
| <input type="checkbox"/> CCR&R Agency | <input type="checkbox"/> Workshop             |  |
| <input type="checkbox"/> College      | <input type="checkbox"/> Website              |  |

Please check the box that best describes your credentials and educational history:

- |  |   |                                  |
|--|---|----------------------------------|
| <input type="checkbox"/> No high school diploma  | <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Masters |
| <input type="checkbox"/> High school diploma/GED | (Major: _____)                            | (Major: _____)                   |
| <input type="checkbox"/> 1-year certificate      | <input type="checkbox"/> Bachelor Degree  |                                  |
|  | (Major: _____)                            |                                  |

Please check one that best describes your educational goals:

- Earn a Master's Degree in Early Childhood Education
- Complete coursework related to a Master's Degree in Early Childhood Education

Have you taken any college courses in the past two years?  Yes  No

Have you taken any ECE credits in the past two years?  Yes how many? \_\_\_  No

Are you currently enrolled in an Early Childhood Degree program at a college/university in Rhode Island?  Yes  No

If yes, which degree are you working on? \_\_\_\_\_

When would you like your scholarship to begin?  Fall  Spring  Summer (year) \_\_\_\_\_

Which of the participating universities would/do you attend?

- Rhode Island College

**Family Based Professional Monthly Income Worksheet**

Instructions: This sheet will help you determine your monthly earnings from your family child care home. For each question, use the amount you made or spent last month.

Remember, you MUST include income verification such as copies of receipts for each of the children you take care of or a statement detailing your weekly rate and number of children you care for.

- 1. What is the total amount paid to you by parents each week?
- 2. Total monthly parent fees - weekly fees x 4.33 (weeks per month)
- 3. How much was your Child & Adult Care Food Program Reimbursement?
  
- 4. How much did you receive from the Dept. of Social Services or other agencies for child care subsidy for children in your care?
- 5. **Total monthly revenue (add lines 2, 3, and 4)**


How much did you spend for children in your child care home last month on:

- 6. Food
- 7. Toys
- 8. Assistant/Substitute Care
- 9. Craft/Supplies
- 10. Transportation (\$0.25/mile)
- 11. Training Fees
- 12. Gifts for Children/Families
- 13. Other (Specify)
- 14. **Total monthly expenses (add lines 6-13)**

\_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
Revenue (line 5)                      minus      Expenses (line 14)                      equals                      Monthly Earnings (job 1 earnings above)

**Statement of Income**

**PLEASE ATTACH A COPY OF YOUR MOST RECENT PAY STUB HERE.**

Employer #1 \_\_\_\_\_ Hours/Week \_\_\_\_\_ Earnings \_\_\_\_\_ per \_\_\_\_\_

Employer #2 \_\_\_\_\_ Hours/Week \_\_\_\_\_ Earnings \_\_\_\_\_ per \_\_\_\_\_

**Have you applied for any other financial aid (such as Pell Grants, Smart Start Grants or student loans)?**

**YES**                       **NO**      (*Scholarship candidates must apply. See page 4.*)

Source of financial aid #1 \_\_\_\_\_ Date of application \_\_\_\_\_

Application Status:       **AWARDED**       **DENIED**       **PENDING**

Source of financial aid #2 \_\_\_\_\_ Date of application \_\_\_\_\_

Application Status:       **AWARDED**       **DENIED**       **PENDING**

**All applicable financial aid letters should also be included with the application packet.**

YOUR TOTAL GROSS ANNUAL INCOME \$ \_\_\_\_\_

YOUR TOTAL FAMILY GROSS ANNUAL INCOME (your spouse included) \$ \_\_\_\_\_

**STATEMENT & SIGNATURE OF APPLICANT**

I attest to the fact that the information I have provided is true and accurate. Based on this information I am applying to T.E.A.C.H. Early Childhood® Rhode Island for a scholarship to help pay the cost of educational expenses. T.E.A.C.H. Early Childhood® Rhode Island is a program of Rhode Island Association for the Education of Young Children (RIAEYC).

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

\_\_\_\_\_  
Date

**CHILD CARE PROVIDERS MASTER’S DEGREE SCHOLARSHIP MODEL**  
**PRELIMINARY PARTICIPATION AGREEMENT**

The early childhood master’s degree scholarship model offered through T.E.A.C.H. Early Childhood® Rhode Island requires active participation and cost sharing from each scholarship recipient. In the event that I am awarded a scholarship, I agree to the following participation requirements:

1. Remain enrolled in the Master’s Degree Program in the major of Early Childhood Education.
2. Contribute 10% of tuition and specified fees for approved coursework.
3. Contribute 10% of required books costs for approved courses.
4. **Successfully complete** 9-15 credit hours at Rhode Island College during an annual contract period that will not exceed twelve (12) months.
5. Continue to operate my childcare program for a minimum of 30 hours per week during the contract period and for one full year following the conclusion of contract.
6. Submit evidence of a completed FAFSA form at the time of application and every spring thereafter during years of T.E.A.C.H. participation. Receipt of financial aid is not required to receive a T.E.A.C.H. Scholarship. However all applicants are required to apply for federal, state, and college aid via the completion of a FAFSA form. FAFSA stands for **Free** Application for Federal Student Aid. FAFSA forms can be accessed and filed through the website [www.fafsa.ed.gov](http://www.fafsa.ed.gov). **Be sure to access the given website, similar web addresses unnecessarily charge money for processing. The site you are referred to is free.** If you have questions about this process or need help completing the online FAFSA form, please contact the Financial Aid Office at Rhode Island College, 401-456-8033. The T.E.A.C.H. scholarship office may also be consulted. Due to award cycles of FAFSA, it may be necessary for new T.E.A.C.H. summer applicants to apply for FAFSA two times within one T.E.A.C.H. contract period.
7. I understand that I will receive a \$100 miscellaneous stipend each semester I take courses as a T.E.A.C.H. scholar and a **\$785 annual bonus from T.E.A.C.H.** upon successful completion of my 12 month contract and upon submission of my grades.
8. I understand that the \$100 miscellaneous stipend may be used to offset my 10% contribution for tuition and books, if applicable.
9. I agree to submit my grades within 30 days of the close of the semester.

\_\_\_\_\_  
Signature of T.E.A.C.H. Scholarship Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

**T.E.A.C.H. Early Childhood® Rhode Island  
Early Childhood Master's Degree Scholarship Model  
Facility Information**

Program Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Program Mailing Address: \_\_\_\_\_

Physical Address: (if different from mailing): \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Program Fax #: \_\_\_\_\_

DHS Provider ID # \_\_\_\_\_ License # \_\_\_\_\_

License Capacity: \_\_\_\_\_ Current Enrollment: \_\_\_\_\_

**Please check all forms of funding your facility receives:**

- |   |   |
|---|---|
| <input type="checkbox"/> Head Start       | <input type="checkbox"/> Title 1                    |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> IDEA                       |
| <input type="checkbox"/> State Head Start | <input type="checkbox"/> State Subsidies: Contracts |
| <input type="checkbox"/> State Pre-K      | <input type="checkbox"/> State Subsidies: Vouchers  |

**Applications must be submitted with the following items:**

- 1) Verification of candidate's income (paystub or official letter from agency/childcare program showing hourly wage)
- 2) Copy of the program's current DHS license
- 3) Evidence of completion of FAFSA
- 4) Two signatures on page 4 & 5

**Please Note: Applicant must be working in a DHS-licensed child care program that is actively participating with BrightStars (the state's Quality Rating and Improvement System) and the DHS Child Care Assistance Program (CCAP).**

**Return Completed Application to:**

T.E.A.C.H. Early Childhood® Rhode Island  
Rhode Island AEYC  
535 Centerville Road, Suite 301 Warwick, RI  
02886

**If you have any questions please contact the T.E.A.C.H. office at 401-739-6100 or email [teach@riaeyc.org](mailto:teach@riaeyc.org)**