



T.E.A.C.H. Early Childhood® Rhode Island
Scholarship Application
Master's Degree Model
Assistant Directors/Directors

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 classroom (if applicable)? _____
 If you are a preschool teacher, what are the ages of the children you teach (e.g. 3 yr olds)? _____
 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?

- | | |
|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano | <input type="checkbox"/> Other Hispanic, Latino or Spanish |
| <input type="checkbox"/> Yes, Puerto Rican | |

Do you consider yourself....?

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> American Indian or Alaska Native |

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

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 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 | <input type="checkbox"/> Doctorate |
| | (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

Yes No

Have you taken any college courses in the past two years?

Yes how many? ____ No

Have you taken any ECE credits in the past two years?

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

T.E.A.C.H. Early Childhood® Rhode Island
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

CENTER DIRECTOR 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/Child Development
2. Contribute 5% 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. Remain in the employ of my sponsoring program for an additional twelve (12) months following the award of compensation.
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. **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.
9. I understand that the \$100 miscellaneous stipend may be used to offset my 5% contribution for tuition and 10% contribution for books, if applicable.
10. I agree to submit my grades within 30 days of the close of the semester.
11. I understand that I am entitled to and expected to take some paid release time during every semester at my employer's discretion. My employer will be reimbursed for any paid time off provided to me at \$17.00 per hour. Paid time off will not exceed 45 hours per semester/18 hours during the summer sessions.

Date

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

Please Print Name

**T.E.A.C.H. Early Childhood® Rhode Island
Early Childhood Master's Model
Center Participation Agreement – Page 1**

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

The T.E.A.C.H. Early Childhood Master's degree scholarship model offered through T.E.A.C.H. Early Childhood® Rhode Island, a program of Rhode Island Association for the Education of Young Children (RIAEYC), requires the participation of each scholarship recipient's employing child care center. In the event that (*Applicant Name*) _____ is awarded a scholarship, I understand that (*Center Name*) _____ agrees to participate in the following model.

1. Center pays 5% of the cost of tuition and associated fees for courses totaling 9-15 credit hours annually at Rhode Island College for the scholarship employee.
2. Center may provide paid release time for each approved semester (forty-five hour maximum for 15 week academic year terms, maximum of 18 hours for summer terms.) Release time is provided for campus and online courses. T.E.A.C.H. will cover all of the cost of release time to be reimbursed at a rate of \$17.00 per hour.
3. Successful completion of 9-15 credit hours, T.E.A.C.H. will issue an additional \$785 bonus directly to the scholarship recipient.

Center Auspice: Profit _____ Non-profit _____	
BrightStars Rating: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____	
Candidate Name for this contract: _____	
Number of hours candidate works per week: _____	
Months worked per year: _____	
Hourly rate of pay: _____	
We the undersigned agree to the terms indicated in the above T.E.A.C.H. Center Participation Agreement.	
_____ (Please print name of Administrator or owner)	
_____ (Signature of Administrator or owner)	_____ (Date)

Is your center accredited? Yes _____ No _____
If yes, by whom? _____
Does your facility accept children with DHS subsidy? Yes _____ No _____
What percentage of your enrollment receives DHS subsidy? _____ -----
Is this child care program owned or managed by another organization: _____ Yes _____ No
If yes, give the parent company name/address: _____ _____ _____

***Two signatures are required in all circumstances. This requirement applies to all programs including when a director and the owner are the same person or a program is a Head Start or Community Action program. If there is a Board, a board signature is required.**

**T.E.A.C.H. Early Childhood® Rhode Island
Early Childhood Master’s Degree Scholarship Model
Center Participation Agreement - Page 2**

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: _____

Name and position of administrator who should receive T.E.A.C.H. approval and billing information

Address of above administrative contact person

Name and e-mail of site director if different than above administrator (Please print information)

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 showing hourly wage)
- 2) Copy of the program’s current DHS license
- 3) Evidence of completion of FAFSA
- 4) Signatures on pages 3, 4 and 5 (center participation agreement)

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
501 Centerville Road, Suite 202 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