



**TEACH Early Childhood® Rhode Island
Scholarship Application
Associate Degree Model
Center-Based Teachers and Assistant Teachers**

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 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"/> 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"/> Korean | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Lao | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Creole | <input type="checkbox"/> Polish | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> English | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> French | <input type="checkbox"/> Russian | |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Spanish | |

What is your preferred Language for learning? _____

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 TEACH 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"/> TEACH 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"/> CDA (Specialization: _____) | <input type="checkbox"/> Bachelor Degree (Major: _____) |
| <input type="checkbox"/> High school diploma/GED | <input type="checkbox"/> Associate Degree (Major: _____) | |
| <input type="checkbox"/> 1-year certificate | | |

Please check one that best describes your educational goals:

- Earn an Early Childhood or School-Age Credential
- Take a few early childhood courses to obtain or upgrade job-related skills
- Earn an Early Childhood, Infant/Toddler or School-Age Certificate
- Earn an Early Childhood Associate Degree
- Earn an Early Childhood Associate Degree and transfer to a four-year college/university to earn a Bachelor's Degree

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) _____

TEACH 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 TEACH Early Childhood® Rhode Island for a scholarship to help pay the cost of educational expenses. TEACH Early Childhood® Rhode Island is a program of Rhode Island Association for the Education of Young Children (RIAEYC).

Signature of Applicant

Date

CENTER BASED TEACHER ASSOCIATE DEGREE SCHOLARSHIP MODEL
PRELIMINARY PARTICIPATION AGREEMENT

The early childhood associate degree scholarship model offered through TEACH 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 Associate Degree Program in the major of Early Childhood Education/Child Development at the Community College of Rhode Island.
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 the Community College of Rhode Island 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 TEACH participation. Receipt of financial aid is not required to receive a TEACH 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 Educational Opportunity Center at CCRI, 401-455-6028. The TEACH scholarship office may also be consulted. Due to award cycles of FAFSA, it may be necessary for new TEACH summer applicants to apply for FAFSA two times within one TEACH contract period.
7. I understand that I will receive a \$100 travel stipend each semester I take courses as a TEACH scholar and a **\$585 bonus from TEACH** upon successful completion of my 12 month contract and upon submission of my grades.
8. I understand that the \$100 travel stipend may be used to offset my 5% contribution for tuition and books, if applicable.
9. I agree to submit my grades within 30 days of the close of the semester.
10. I understand that I am entitled to and expected to take up to 3 hours of weekly paid release time during every semester I take classes through TEACH.

Signature of TEACH Scholarship Applicant

Date

Please Print Name

**TEACH Early Childhood® Rhode Island
Early Childhood Associate Degree Model
Center Participation Agreement – Page 1**

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

The TEACH Early Childhood Associate degree scholarship model offered through TEACH 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. (*Please check one to indicate which applicable option you prefer*)

Small Raise Model

1. Center pays 5% of the cost of tuition and associated fees for courses totaling 9-15 credit hours annually at the Community College of Rhode Island for the scholarship employee.
1. Center provides up to three hours of paid release time each week for each approved semester for each scholarship employee. (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. TEACH will cover all of the cost of release time to be reimbursed at a rate of \$19.00 per hour.
2. Successful completion of 9-15 credit hours, the center will issue a 1.5% annual raise above any other expected or earned raise. TEACH will issue an additional \$585 bonus directly to the scholarship recipient.

Bonus Option

2. Center pays 5% of the cost of tuition and associated fees for courses totaling 9-15 credit hours annually at the Community College of Rhode Island for the scholarship employee.
3. Center provides up to three hours of paid release time each week for each approved semester for each scholarship employee. (Forty five hour maximum for 15 week academic year terms, maximum of 18 hours for summer terms.) Release time is provided for campus and on-line courses. TEACH will cover all of the cost of release time to be reimbursed at a rate of \$19.00 per hour.
4. At the end of the annual contract, and upon the successful completion of 9-15 credit hours, the center will issue a \$450 bonus. This bonus will be provided in two installments; \$225 upon contract completion, \$225 after six months of contract completion.

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 TEACH Center Participation Agreement.

(Please print name of Director)

(Signature of Director) (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.**

**TEACH Early Childhood® Rhode Island
Early Childhood Associate 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)

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 showing hourly wage)
- 2) Copy of the program's current DHS license
- 3) Evidence of completion of FAFSA
- 4) Two signatures in the box on page 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:

TEACH Early Childhood® Rhode Island
Rhode Island AEYC
501 Centerville Road, Suite 202
Warwick, RI 02886

If you have any questions, please contact the TEACH Office at 401-739-6100 or teach@riaeyc.org