



**TEACH Early Childhood® Rhode Island Scholarship  
Application  
Master's 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?**

- 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

- |  |                                       |   |
|--|---------------------------------------|---|
| <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 TEACH Early Childhood® Scholarship Program?

- |                                       |   |   |
|---------------------------------------|---|---|
| <input type="checkbox"/> Presentation | <input type="checkbox"/> My Center Director | <input type="checkbox"/> Other (please specify):<br>_____ |
| <input type="checkbox"/> Mailing      | <input type="checkbox"/> TEACH Recipient    |   |
| <input type="checkbox"/> CCR&R Agency | W 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<br>(Major: _____) | <input type="checkbox"/> Masters<br>(Major: _____) |
| <input type="checkbox"/> High school diploma/GED | <input type="checkbox"/> Bachelor Degree<br>(Major: _____)  | <input type="checkbox"/> Doctorate                 |
| <input type="checkbox"/> 1-year certificate      |   |  |

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

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 MASTER'S DEGREE SCHOLARSHIP MODEL**  
**PRELIMINARY PARTICIPATION AGREEMENT**

The early childhood master's 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 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 book 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 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](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 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 miscellaneous stipend each semester I take courses as a TEACH scholar and a **\$785 annual bonus from TEACH** 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 5% contribution for tuition and 10% contribution for 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 Up to 45 hrs per semester. Paid time off will be reimbursed to my employer at \$19.00 per hour.

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Signature of TEACH Scholarship Applicant

Date

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Please Print Name

**TEACH 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 TEACH Early Childhood Master's 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.

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 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.
3. Successful completion of 9-15 credit hours, TEACH 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 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? \_\_\_\_\_

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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 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 TEACH 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:**

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 email [teach@riaeyc.org](mailto:teach@riaeyc.org)**