



**TEACH Early Childhood® Rhode Island  
Scholarship Application  
3-6 Credit 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"/> Filipino |   | <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"/> 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 |
| <input type="checkbox"/> High school diploma/GED |  | (Major: _____)                           |
| <input type="checkbox"/> 1-year certificate      | <input type="checkbox"/> Associate Degree            |  |
|  | (Major: _____)                                       |  |

Please check one that best describes your educational goals:

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Earn an Early Childhood or School-Age Credential  |
| <input type="checkbox"/> | Take a few early childhood courses to obtain or upgrade job-related skills  |
| <input type="checkbox"/> | Earn an Early Childhood, Infant/Toddler or School-Age Certificate   |
| <input type="checkbox"/> | Earn an Early Childhood Associate Degree  |
| <input type="checkbox"/> | 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? \_\_\_\_\_

Which of the participating universities would you attend?  Rhode Island College  Community College of Rhode Island

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**

This scholarship model is offered through TEACH Early Childhood® Rhode Island and 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 a minimum of 3-6 early childhood education credits to be completed during the contract period specified above.
2. Contribute 5% of tuition and specified fees for approved coursework.
3. Contribute 10% of required books costs for approved courses.
4. **Successfully complete** 3-6 credit hours at a participating institution of higher education within a period of twelve (12) months.
5. Remain in the employ of my sponsoring program for an additional six (6) 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, you may contact our office. 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 stipend each semester I take courses as a TEACH scholar to help towards travel or technology expenses and a **\$250 bonus from TEACH** upon successful completion of my 12 month contract and upon submission of my grades.
8. I understand that the \$100 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.

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Signature of TEACH Scholarship Applicant

Date

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Please Print Name

**TEACH Early Childhood® Rhode Island  
3-6 Credit Model Center Participation  
Agreement – Page 1**

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

The TEACH 3-6 Credit 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:

- Pay 5% of the cost of tuition and associated fees for courses totaling 3-6 credit hours at a participating college for the scholarship employee and duration of this annual agreement.
- Provide 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.

Center Auspice: Profit \_\_\_\_\_ Non-profit \_\_\_\_\_

BrightStars Rating: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_

Candidate Name for this contract:  
\_\_\_\_\_

Number of hours candidate works perweek: \_\_\_\_\_

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 DHSSubsidy? \_\_\_\_\_  
.....

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  
3-6 Credit 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)

**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: All applicants 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](mailto:teach@riaeyc.org)**