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?	☐ Teacher ☐ Assistant Teacher ☐ Administrator	☐ Family Based Professional ☐ Non-Teaching Professional Staff ☐ Non-Teaching Support Staff
How long have you worked in the field of early childhood?	☐ Less than 2 Years ☐ 2-5 Years	☐ 6-10 Years ☐ 10+ Years
What age groups do you teach? *(please check all that apply)*	☐ Infants (0-12 Months) ☐ Toddler (13-36 Months)	☐ Preschool (37 Months – PreK) ☐ 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

☐ Chinese
☐ Korean
☐ Filipino
☐ Vietnamese
☐ Other Asian: _____
☐ Other Pacific Islanders: _____
☐ 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)

☐ Arabic
☐ Chinese
☐ Creole
☐ English
☐ French
☐ Greek
☐ Korean
☐ Lao
☐ Polish
☐ Portuguese
☐ Russian
☐ Spanish
☐ Thai
☐ Vietnamese
☐ Yiddish
☐ Other:_____

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?

☐ Presentation
☐ Mailing
☐ CCR&R Agency
☐ College
☐ My Center Director
☐ TEACH Recipient
☐ Workshop
☐ Website
☐ Other (please specify): _____

Please check the box that best describes your educational history:

☐ No high school diploma
☐ High school diploma/GED
☐ 1-year certificate
☐ CDA (Specialization: _____)
☐ Associate Degree (Major: _____)
☐ Bachelor Degree (Major: _____)

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? _____

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. I understand that TEACH will cover up to $200 worth for the cost of books for approved courses per semester.

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 employment of my sponsoring program for an additional six (6) months following the award of compensation.

6. 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.

7. I understand that the $100 stipend may be used to offset my 5% contribution for tuition and books, if applicable.

8. I agree to submit my grades within 30 days of the close of the semester.

9. I understand that I am entitled to take UP TO 3 hours of weekly paid release time during every semester I take classes through TEACH, up to a maximum of 30 hours per semester.

_____

Signature of TEACH Scholarship Applicant Date

_____

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 (Thirty hour maximum for 15 week academic year terms, maximum of 15 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 $17.00 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 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.**

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:

- ☐ Head Start
- ☐ Early Head Start
- ☐ State Head Start
- ☐ State Pre-K
- ☐ Title 1
- ☐ IDEA
- ☐ State Subsidies: Contracts
- ☐ 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

IMPORTANT: Applicants must meet *all* eligibility requirements listed below.

- Must work in a non-State PreK classroom.
- Work in a DHS-licensed childcare 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