TEACH Early Childhood® Rhode Island
Scholarship Application
3-6 Credit Scholarship Model
Family Child Care Providers

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 child care facility? _____
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, African Am. Or Negro
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Japanese
- ☐ Native Hawaiian
- ☐ Chinese
- ☐ Korean
- ☐ Guamanian or Chamorro
- ☐ Filipino
- ☐ Vietnamese
- ☐ Samoan
- ☐ 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
- ☐ Armenian
- ☐ Chinese
- ☐ Creole
- ☐ English
- ☐ French
- ☐ Greek
- ☐ Hindi
- ☐ Japanese
- ☐ Korean
- ☐ Lao
- ☐ Persian
- ☐ Polish
- ☐ Portuguese
- ☐ Russian
- ☐ Spanish
- ☐ Swahili
- ☐ Tagalog
- ☐ Thai
- ☐ Tribal:_____
- ☐ Urdu
- ☐ Vietnamese
- ☐ Yiddish
- ☐ 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?

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

Please check the box that best describes your credentials and 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 partnering schools will you attend? ☐ Community College of RI ☐ Rhode Island College

When would you like your scholarship to begin? ☐ Fall ☐ Spring ☐ Summer (year) _____

Family Based Professional Monthly Income Worksheet

Instructions: This sheet will help you determine your monthly earnings from your family child care home. For each question, use the amount you made or spent last month.

Remember, you MUST include income verification such as copies of receipts for each of the children you take care of or a statement detailing your weekly rate and number of children you care for.

1. What is the total amount paid to you by parents each week?	
2. Total monthly parent fees - weekly fees x 4.33 (weeks per month)	
3. How much was your Child & Adult Care Food Program Reimbursement?	
4. How much did you receive from the Dept. of Social Services or other agencies for child care subsidy for children in your care?	
5. Total monthly revenue (add lines 2, 3, and 4)	
How much did you spend for children in your child care home last month on:	
6. Food	
7. Toys	
8. Assistant/Substitute Care	
9. Craft/Supplies	
10. Transportation ($0.25/mile)	
11. Training Fees	
12. Gifts for Children/Families	
13. Other (Specify)	
14. Total monthly expenses (add lines 6-13)	

_____ - _____ = _____

Revenue (line 5) minus Expenses (line 14) equals Monthly Earnings (job 1 earnings above)

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

CHILD CARE PROVIDERS 3-6 CREDIT 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 10% 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. Continue to operate my childcare program for a minimum of 30 hours per week during the contract period and for six (6) months following the conclusion of contract.

6. I understand that I will receive a $100 stipend each semester I take courses as a TEACH scholar to help towards travel expenses and technology costs.

7. I understand that the $100 stipend may be used to offset my 10% 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 30 hours of paid release time during every semester I take classes through TEACH. Additionally, TEACH will process paid release time claims automatically every semester.

_____

Signature of TEACH Scholarship Applicant Date

_____

Please Print Name

TEACH Early Childhood® Rhode Island
3-6 Credit Scholarship Model
Facility Information

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: _____

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