



TEACH Early Childhood® Rhode Island Scholarship Application ECE Leadership Graduate Certificate Model

Assistant Directors/Directors

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 applicable)? _____

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
☐ 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 educational history:

☐ No high school diploma
☐ High school diploma/GED
☐ 1-year certificate

☐ Associate Degree
 (Major: _____)
☐ Bachelor Degree
 (Major: _____)

☐ Masters
 (Major: _____)
☐ Doctorate

Please check one that best describes your educational goals:

☐ Earn a Leadership Graduate Certificate in ECE Complete
☐ coursework related to a Leadership Graduate Certificate
 in Early Childhood Education

☐ Yes
☐ Yes how many? _____
☐ No
☐ No

Have you taken any college courses in the past two years?

Have you taken any ECE credits in the past two years?

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 DIRECTOR ECE LEADERSHIP GRADUATE CERTIFICATE
SCHOLARSHIP MODEL PRELIMINARY PARTICIPATION AGREEMENT

The early childhood ECE Graduate Leadership 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 and complete the Early Childhood Education Leadership Graduate certificate within a year and a half.
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** 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. I understand that I will receive a \$100 travel stipend each semester I take courses as a TEACH scholar.
7. I understand that the \$100 travel 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 paid release time hours and bonus compensation are not available under this specific scholarship model.

Signature of TEACH Scholarship Applicant

Date

Please Print Name

TEACH Early Childhood® Rhode Island
ECE Leadership Graduate Certificate Model
Center Participation Agreement – Page 1

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

The TEACH ECE Leadership Graduate 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. Paid release time hours and compensation are not available under this specific scholarship model.

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 Administrator or owner)	
_____ (Signature of Administrator or owner)	_____ (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 childcare 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
ECE Leadership Graduate Certificate 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:

☐
☐
☐
☐

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) Signatures on pages 3, 4 and 5 (center participation agreement)

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

- 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 email teach@riaeyc.org