



T.E.A.C.H. Early Childhood® VERMONT Apprenticeship Scholarship Application

**\*Please complete all questions, attach pay stub, and ensure signatures are acquired in order for application to be considered complete\***

### **T.E.A.C.H. Early Childhood® VERMONT Apprenticeship Scholarship Eligibility Requirements**

1. Work in a Vermont regulated preschool, child care center, or home program for at least 30 hours per week.
2. Has worked with children birth to age 5 in their current program for at least 3 months.
3. Work in a program that has no recurring licensing violations per Child Development Division Child Care Licensing Division.
4. Is working toward an early childhood degree at a Vermont college (*or would like to be*)
5. As a professional, be willing to make a commitment to continue working at your present place of employment for one year after your contract ends.
6. Has the support of their employer and provides proof of participation or willingness to participate in a quality initiative such as STARS, Head Start, or NAEYC/NAFCC accreditation.



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**\*Please complete all questions, attach pay stub, and ensure signatures are acquired in order for application to be considered complete\***

Date: \_\_\_\_\_

**Personal Information**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
(mm/dd/yyyy)

Director's Name: \_\_\_\_\_ Mentor's Name: \_\_\_\_\_

**Ethnicity**

***Do you consider yourself....?***

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> White                   | <input type="checkbox"/> Korean                    | <input type="checkbox"/> Other Asian:<br>_____            |
| <input type="checkbox"/> Black, African American | <input type="checkbox"/> Guamanian or Chamorro     | <input type="checkbox"/> Other Pacific Islander:<br>_____ |
| <input type="checkbox"/> Asian Indian            | <input type="checkbox"/> Filipino                  | <input type="checkbox"/> Other race:<br>_____             |
| <input type="checkbox"/> Japanese                | <input type="checkbox"/> Vietnamese                |   |
| <input type="checkbox"/> Native Hawaiian         | <input type="checkbox"/> Samoan                    |   |
| <input type="checkbox"/> Chinese                 | <input type="checkbox"/> Am. Indian, Alaska Native |   |

***Are you of Hispanic, Latino or Spanish origin?***

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> No                                      | <input type="checkbox"/> Yes, Cuban                        | <input type="checkbox"/> Yes, Puerto Rican |
| <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano | <input type="checkbox"/> Other Hispanic, Latino or Spanish |  |

**How did you hear about the T.E.A.C.H. Early Childhood® Project?**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Presentation          | <input type="checkbox"/> My Center Director   | <input type="checkbox"/> Child Development Division |
| <input type="checkbox"/> Mailing               | <input type="checkbox"/> T.E.A.C.H. Recipient | <input type="checkbox"/> VCCICC                     |
| <input type="checkbox"/> Northern Lights @ CCV | <input type="checkbox"/> Workshop             | <input type="checkbox"/> Mentor: _____              |
| <input type="checkbox"/> College               | <input type="checkbox"/> Website              | <input type="checkbox"/> Other: _____               |

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**Employment Status**

What is your current job title?	<input type="checkbox"/> Teacher	<input type="checkbox"/> Teacher Associate	<input type="checkbox"/> Teacher Assistant
	<input type="checkbox"/> Trainee	<input type="checkbox"/> Classroom Aide	<input type="checkbox"/> Other: _____

When did you begin employment at your current facility? \_\_\_\_\_

What is your current hourly wage? \_\_\_\_\_

How many hours per week do you work? \_\_\_\_\_

How many months per year do you work? \_\_\_\_\_

How many children are in your classroom? \_\_\_\_\_

If applicable, what other positions have you held with this employer? \_\_\_\_\_

How long have you worked in the field of early childhood education?	<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 ( <i>please check all that apply</i> )?	<input type="checkbox"/> Infants (0-12 months)	<input type="checkbox"/> Toddler (13-36 months)
	<input type="checkbox"/> Preschool (37 months to Pre K)	<input type="checkbox"/> School Age

**Please check the boxes that best describe your educational history:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> No high school diploma  | <input type="checkbox"/> CDA Credential: Year _____                    | <input type="checkbox"/> Bachelor Degree: Year _____ |
| <input type="checkbox"/> High school diploma/GED<br>Year _____                               | <input type="checkbox"/> College Child Care<br>Certificate: Year _____ | Major: _____   |
| <input type="checkbox"/> Technical Education<br>Center/Human Services<br>Program: Year _____ | <input type="checkbox"/> Associate Degree: Year _____                  | <input type="checkbox"/> Master's Degree: Year _____ |
|  | Major: _____   | Major: _____   |
|  |  | <input type="checkbox"/> Doctorate: Year _____       |
|  |  | Concentration: _____                                 |

**Please check one that best describes your educational goal:**

- |  |   |
|--|---|
| <input type="checkbox"/> Take a few early childhood courses to obtain or upgrade job-related skills  | <input type="checkbox"/> Earn a Bachelor's Degree in Early Childhood or a related field |
| <input type="checkbox"/> Earn a Child Care Certificate   | <input type="checkbox"/> Earn a Master's Degree   |
| <input type="checkbox"/> Earn an Apprenticeship Certificate  | <input type="checkbox"/> Other (please specify): _____                                  |
| <input type="checkbox"/> Earn an Early Childhood Associate Degree  |   |
| <input type="checkbox"/> Obtain VT Educator License with endorsement in early childhood, early childhood special education or elementary education |   |

Have you earned college credits in the past two years?

- YES, how many total credits? \_\_\_\_\_ How many ECE credits? \_\_\_\_\_  NO

Have you taken classes at the Community College of Vermont in the past?  YES  NO

Are you currently enrolled at a community college?  YES  NO

Which CCV campus would be your primary site to attend classes? \_\_\_\_\_

Have you earned credit at another college? If yes, provide college name(s): \_\_\_\_\_

When would you like your scholarship to begin?  FALL  SPRING  SUMMER \_\_\_\_\_ (YEAR)

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**Which of the following credentials and specializations do you currently hold?**

**Please submit a copy of any certificates or licenses you hold.**

- CDA: Infant/Toddler
- CDA: Preschool
- CDA: Family Child Care
- CDA: Home Visitor
- Specialization: Bi-Lingual (language: \_\_\_\_\_)
- Apprenticeship Certificate
- Child Care Certificate
- Teaching License (Level \_\_\_\_\_)
- Northern Lights Career Ladder Level Certificate: Level Reached \_\_\_\_\_

Are you familiar with the Early Childhood Career Ladder?  YES  NO

Do you actively use your Bright Futures Information System (BFIS) Quality Credential Account?

- YES, Account # \_\_\_\_\_
- NO
- NOT SURE

*If you are unsure of your account number, please find it at [www.brightfutures.dcf.state.vt.us/](http://www.brightfutures.dcf.state.vt.us/)*

Do you have a NAEYC/VTAEYC Membership?  YES, Account # \_\_\_\_\_  NO

What is your preferred language for learning? \_\_\_\_\_

Do you have access to a computer at home? (For completing college coursework)  YES  NO

Do you know how to use Excel? (For tracking Work Process Hours)  YES  NO

Is there a computer available to you at work?  YES  NO With Excel?  YES  NO

**Statement of Income: (Please attach a copy of your most recent pay stub)**

Job #1 Employer \_\_\_\_\_

Hours/Week \_\_\_\_\_ Earnings \_\_\_\_\_ per \_\_\_\_\_

Job #2 Employer \_\_\_\_\_

Hours/Week \_\_\_\_\_ Earnings \_\_\_\_\_ per \_\_\_\_\_

<b>You must apply for financial aid (VSAC non-degree grant). Have you applied?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If no, please contact VSAC immediately for assistance 1-800-642-3177 or [info@vsac.org](mailto:info@vsac.org)

Source of financial aid #1 \_\_\_\_\_

Date of application \_\_\_\_\_

Application Status:  AWARDED  DENIED  SUBMITTED/PENDING

Source of financial aid #2 \_\_\_\_\_

Date of application \_\_\_\_\_

Application Status:  AWARDED  DENIED  SUBMITTED/PENDING

**Please attach your financial award or denial letter(s) here or submit them separately if status is currently pending.**

YOUR TOTAL INCOME \$ \_\_\_\_\_

YOUR TOTAL FAMILY INCOME (your spouse included) \$ \_\_\_\_\_

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**Family Structure**

How many people total live in your household? \_\_\_\_\_

Number of	_____	Relationship
	_____	Parents
	_____	Siblings
	_____	Spouse/Significant Other
	_____	Children
	_____	Other

Have any of your parents or any of your brothers and sisters attended college?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any of your parents or any of your brothers and sisters have a college degree?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Please attach the following:**

- a current resume
- a copy of your transcript(s) if you have prior college credits
- a separate piece of paper with your typed responses to the following questions:
  1. Why do you want to participate in the Child Care Apprenticeship Program?
  2. How will you benefit from participation in the Child Care Apprenticeship Program?

**STATEMENT & SIGNATURE OF APPLICANT**

I attest to the fact that the information I have provided in this application is true and accurate. Based on this information I am applying to VTAEYC for a scholarship to help pay the cost of educational expenses.

Furthermore, I understand that the Registered Child Care Apprenticeship Program is a 4000 hour, on-the-job commitment with 6-7 college courses and community-based training. The course schedule is determined by the Community College of Vermont. I agree to the basic tenets of Registered Apprenticeship, which include tracking work process hours in a timely manner, working with my mentor, submitting paperwork on time, and completing all related instruction. I understand that my employer is sponsoring my apprenticeship and give permission for VCCICC to discuss my progress in this training program with my employer. I give my permission for VCCICC to share my participation and/or successful completion in the Registered Child Care Apprenticeship Program with organizations who are providing similar support.

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Signature of Applicant	Printed Name of Applicant	Date
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**Note:** Your complete application packet should be submitted altogether including:

- 1) Apprentice: T.E.A.C.H. Scholarship Application (including all requested attachments)
- 2) Sponsor: Program Participation Agreement (including all requested attachments)
- 3) Mentor: Statement of Interest (including all requested attachments)  
And if you have not yet become VCCICC members, also attach your
- 4) VCCICC membership forms and payment for the Apprentice, Mentor and Sponsor.  
(Employer membership applies to the Program, not the Director).  
Contact VCCICC with any questions: 802-985-2700 or [vccicc@comcast.net](mailto:vccicc@comcast.net)

**Please mail packet to: VCCICC/T.E.A.C.H., 145 Pine Haven Shores Rd., Suite 1137, Shelburne, VT 05482**

**Sponsor Program Participation Agreement**

This agreement must be completed by the program director or owner. The T.E.A.C.H. Early Childhood® VERMONT Apprenticeship Scholarship offered through VTAEYC requires the participation of each scholarship recipient's employer. In the event that (*Applicant Name*) \_\_\_\_\_ is awarded a scholarship, I understand that (*Program Name*) \_\_\_\_\_ agrees to participate in the following way:

\_\_\_\_\_ **Apprentice (*raise model*)**: Sponsoring program agrees to pay 10% of the cost of tuition for 9-12 semester hours at CCV for the scholarship apprentice. Provide 3 hours of release time each week for my scholarship apprentice. At the end of the contract, upon completion of the 9-12 credit hours, issue a 1.5% raise.

**Program Information:**

Name of Program (as it appears in BFIS): \_\_\_\_\_

Program Mailing Address: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

Program Physical Address (if different): \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

Program Auspice:     Non-Profit     Profit     Head Start     Public School     Religiously Sponsored

Name of Director/Owner: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Program License Number: \_\_\_\_\_ Number of Children Licensed for: \_\_\_\_\_

STARS Rating: \_\_\_\_\_ NAEYC Accreditation:     YES     NO

Days and Hours of Operation: \_\_\_\_\_ Number of Children Enrolled: \_\_\_\_\_

Full Year     School Year

Please check all forms of funding your facility receives:

Head Start     Early Head Start     State Pre-K     Title I  
 IDEA     Child Care Subsidy (CCFAP)     Other: \_\_\_\_\_

Does your program have an ACT 166 public Pre-K partnership?     YES     NO

*The Program's regulatory history will be reviewed through BFIS. Programs with serious violations in the last 12 months, as defined through the State of Vermont Child Care Licensing Regulations, must contact VCCICC to determine eligibility. A site visit and discussion with your licensor may occur prior to registering apprentices.*

**(PLEASE CONTINUE ON OTHER SIDE)**

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**Please attach a separate page with your typed responses to the following questions. It is not necessary to submit more than one page total.**

1. Why would you like your program to participate in the Registered Child Care Apprenticeship Program?
2. Please describe how you will ensure opportunities for the apprentice/mentor team to conduct observations, assess progress and develop action plans. (Note: mentors should have 30 minutes of release time each week; apprentice/mentor team should have 30 minutes at least twice per month.)
3. Please describe why your choice of mentor(s) will be best able to support the on-the-job training of the apprentice(s) in your workplace.
4. Please describe how you support the professional development of your staff.

**The Department of Labor requires documentation of a progressive wage scale. This pay schedule is intended to cover any employee in your program and should not be based on the individual apprentice's current pay.**

Starting pay \_\_\_\_\_

(A new employee would never earn less than this amount)

At one year \_\_\_\_\_

(Employee has at least 1 year of experience and 3 college courses)

Completion \_\_\_\_\_

(Employee has completed apprenticeship; 2 years of experience, 6-7 college courses, and other trainings)

**I understand the roles and responsibilities of the sponsor (employer), mentor and apprentice and I agree to do my best to support the apprentice/mentor team(s) in my program. I will contact the VCCICC office to address any concerns I may have regarding the Vermont Registered Child Care Apprenticeship Program.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Printed): \_\_\_\_\_ Title: \_\_\_\_\_

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**Mentor Statement of Interest**

Date: \_\_\_\_\_

**Personal Information**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Ethnicity\*:  American Indian or Alaskan  Asian (Not Hispanic)  Black (Not Hispanic)  
 Hawaiian Native or Pacific Islander  Hispanic  White (Not Hispanic)

Social Security Number\*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_ Gender\*: \_\_\_\_\_  
(mm/dd/yyyy)

Pay Rate\*: \_\_\_\_\_

*\*Collected for participation in a Department of Labor Program – please do not leave blank*

Full Name of Program/Employer (As it appears in BFIS):  
\_\_\_\_\_

Director's Name: \_\_\_\_\_ Apprentice's Name: \_\_\_\_\_

How long have you been working in the field (including past employment)? \_\_\_\_\_ years \_\_\_\_\_ months

When did you start working for your current employer? \_\_\_\_\_

Current Title: \_\_\_\_\_

Other positions you have held at this employer, if applicable: \_\_\_\_\_

Education: High School (year of graduation): \_\_\_\_\_ or year GED earned: \_\_\_\_\_

Name(s) of college(s) attended: \_\_\_\_\_

Year of graduation, if applicable: \_\_\_\_\_ Degree (B.A., A.A., etc.): \_\_\_\_\_

Major/Concentration: \_\_\_\_\_

**(PLEASE CONTINUE ON OTHER SIDE)**

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Are you familiar with the Early Childhood Career Ladder?  YES  NO

Have you applied for the Level Certificate for which you are eligible?  YES  NO

If yes, what Level have you reached? \_\_\_\_\_

Do you actively use your Bright Futures Information System (BFIS) Quality Credential Account?

YES, Account # \_\_\_\_\_  NO  NOT SURE

*If you are unsure of your account number, please find it at [www.brightfutures.dcf.state.vt.us/](http://www.brightfutures.dcf.state.vt.us/)*

Do you know how to use Excel? (To review Apprentice's Work Process Hours)  YES  NO

Is there a computer available to you at work?  YES  NO With Excel?  YES  NO

Have you attended any training(s) that will enhance your ability to support your apprentice?  YES  NO

If so, please describe: \_\_\_\_\_

**Please attach the following:**

- a current resume
- a copy of your college transcript(s) and/or diploma
- 4/18/2019a separate piece of paper with your typed responses to the following questions:
  1. Why do you want to participate in the Registered Child Care Apprenticeship Program?
  2. How will your experience in the field benefit your apprentice?
  3. How do you plan to support your apprentice?

I understand that the Registered Child Care Apprenticeship Program is a 4000 hour, on-the-job commitment. I agree to do my best to support my apprentice in his/her professional development on the job, which includes submitting documentation on time, and incorporating learning from the Related Instruction into practice with children and families. I understand that my employer is sponsoring my apprentice. I give permission for VCCICC to discuss my participation in this training program with my employer.

\_\_\_\_\_  
Signature of Mentor

\_\_\_\_\_  
Printed Name of Mentor

\_\_\_\_\_  
Date

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