



### **T.E.A.C.H. Early Childhood® Vermont Associate Degree Scholarship Application for Center Staff**

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

### **T.E.A.C.H. Early Childhood® Vermont Associate Degree 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 education 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 a minimum of three (3) months AND to working in a registered/licensed early childhood program regulated by the Child Development Division for an additional nine (9) months after the successful completion of this contract.
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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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)

### **Ethnicity**

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

American Indian or Alaska Native

Native Hawaiian or Pacific Islander (includes  
Samoan, Chamorro or other Pacific Islander)

Black or African American

White

Asian (includes Asian Indian, Japanese, Chinese,  
Korean, Vietnamese, Filipino or other Asian)

Other (two or more races)

Other

#### ***Do you consider yourself Latinx?***

Yes (includes Mexican, Mexican American, Chicano,  
Puerto Rican, Cuban, Spanish)

No

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

Presentation/Webinar

Northern Lights @ CCV  
College

My Center Director

T.E.A.C.H. Recipient  
Website

Child Development Division

Colleague

Mentor: \_\_\_\_\_

Other: \_\_\_\_\_

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**Employment Status**

What is your current job title?	Teacher	Teacher Associate	Teacher Assistant
	Trainee	Classroom Aide	Director
	Director Owner      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? \_\_\_\_\_

How long have you worked in the field of early childhood education?	Less than 2 years	2-5 years
	6-10 years	10+ years
What age groups do you teach ( <i>please check all that apply</i> )?	Infants (0-12 months)	Toddler (13-36 months)
	Preschool (37 months to Pre K)	School Age

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

No high school diploma	Apprenticeship Certificate	Bachelor Degree: Year _____
High school diploma/GED	Year _____	Major: _____
Year _____	College Child Care	Master's Degree: Year _____
Technical Education	Certificate: Year _____	Major: _____
Center/Human Services	Associate Degree: Year _____	Doctorate: Year _____
Program: Year _____	Major: _____	Concentration: _____
CDA Credential: Year _____		

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

Earn an Early Childhood or School-Age credential	Earn an Early Childhood Associate Degree and transfer to a 4-year college/university to earn a Bachelor's degree
Take a few early childhood courses to obtain or upgrade job-related skills	Earn a Bachelor's
Earn an Early Childhood, Infant/Toddler, or School-Age Certificate	Earn a Master's Degree
Earn an Apprenticeship Certificate	Earn an Early Childhood or Early Childhood Special Education License
Earn an Early Childhood Associate Degree	

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

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

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

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

**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

Apprenticeship Certificate

CDA: Preschool

Child Care Certificate

CDA: Family Child Care

Teaching License (Level \_\_\_\_\_)

CDA: Home Visitor

Northern Lights Career Ladder Level

Specialization: Bi-Lingual

Certificate: Level Reached \_\_\_\_\_

(language: \_\_\_\_\_)

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

**\*\*Please note: You are required to become a VTAEYC member upon signing a TEACH contract.\*\***

**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 Federal financial aid (FAFSA). Have you applied?</b>	YES	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)

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

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

Application Status: AWARDED DENIED SUBMITTED/PENDING

Other 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) \$ \_\_\_\_\_

HAVE YOU EVER DEFAULTED ON A STUDENT LOAN IN THE PAST Yes No

**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?	YES	NO
Do any of your parents or any of your brothers and sisters have a college degree?	YES	NO

What languages can you speak fluently? \_\_\_\_\_

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

**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.

Signature of Applicant

Printed Name of Applicant

Date

**Application Checklist: to be completed by the applicant:**

- ☐ Copy of NAEYC/NAFCC accreditation (if applicable)
- ☐ Income verification (current paycheck stub, Schedule C, etc.)
- ☐ Completed participation agreement statement (pg. 4 for participants, pg. 5-6 for sponsoring programs)
- ☐ Financial aid (FAFSA) proof of application
- ☐ Copy of prior college transcript (unofficial copies accepted)

If you have any questions about completing the application contact us at (802) 387-0870 or email at [teachearlychildhoodvermont@vtaeyc.org](mailto:teachearlychildhoodvermont@vtaeyc.org)

Please scan and email packet to [teachearlychildhoodvermont@vtaeyc.org](mailto:teachearlychildhoodvermont@vtaeyc.org)

**Sponsor Program Participation Agreement**

This agreement must be completed by the program director for teachers, or the owner/board chairperson for directors. The T.E.A.C.H. Early Childhood® VERMONT Associate Degree 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:

\_\_\_\_\_ **Director/Owner:** Pay 20% of the cost of tuition for 9-15 semester hours at CCV for the scholarship employee.

\_\_\_\_\_ **Employee Director (bonus option):** Pay 10% of the cost of the tuition for 9-15 semester hours at CCV for the scholarship employee. At the end of the contract, upon completion of the 9-15 credit hours, award a \$375 bonus.

\_\_\_\_\_ **Employee Director (raise option):** Pay 10% of the cost of the tuition for 9-15 semester hours at CCV for the scholarship employee. At the end of the contract, upon completion of the 9-15 credit hours, issue at least a 1.5% raise.

\_\_\_\_\_ **Teacher (bonus option):** Pay 10% of the cost of tuition for 9-15 semester hours at CCV for the scholarship employee. Provide release time each week for my scholarship employee. At the end of the contract, upon completion of the 9-15 credit hours, award a \$250 bonus.

\_\_\_\_\_ **Teacher (raise option):** Pay 10% of the cost of tuition for 9-15 semester hours at CCV for the scholarship employee. Provide release time each week for my scholarship employee. At the end of the contract, upon completion of the 9-15 credit hours, issue at least a 1.5% raise.

**I understand the roles and responsibilities of the sponsor (employer) and scholarship employee and I agree to do my best to support my scholarship employee in this program. I will contact the T.E.A.C.H. Vermont office to address any concerns I may have regarding the T.E.A.C.H. Associate Degree Scholarship Program.**

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

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

**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

**(PLEASE CONTINUE ON OTHER SIDE)**

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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 T.E.A.C.H. Vermont to determine eligibility. A site visit and discussion with your licensor may occur prior to accepting recipients.*

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- ☐ Financial aid (FAFSA) proof of application (or statement of intent to apply with due date)
- ☐ Copy of prior college transcripts (if applicable and unofficial copies accepted)

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