



T.E.A.C.H. Early Childhood® Vermont Associate Degree Scholarship Application Family Child Care Providers

*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. Operate a regulated home program for at least 30 hours per week.
2. Has worked with children birth to age 5 in your current program for at least 3 months.
3. Operate 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 operating your present program 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. 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 other required documents, 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)

Ethnicity

Do you consider yourself....?

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian (includes Asian Indian, Japanese, Chinese, Korean, Vietnamese, Filipino or other Asian) |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander (includes Samoan, Chamorro or other Pacific Islander) | <input type="checkbox"/> Other (two or more races) |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other |
| <input type="checkbox"/> White | |

Do you consider yourself Latinx?

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Yes (includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Spanish) | <input type="checkbox"/> No |
|--|-----------------------------|

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"/> Social Media (Insta or FB) |
| <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: _____ |

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"/> Director
	<input type="checkbox"/> 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?	<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"/> Apprenticeship Certificate | <input type="checkbox"/> Bachelor Degree: Year _____ |
| <input type="checkbox"/> High school diploma/GED | Year _____ | Major: _____ |
| <input type="checkbox"/> Technical Education | <input type="checkbox"/> College Child Care | <input type="checkbox"/> Master's Degree: Year _____ |
| Center/Human Services | Certificate: Year _____ | Major: _____ |
| Program: Year _____ | <input type="checkbox"/> Associate Degree: Year _____ | <input type="checkbox"/> Doctorate: Year _____ |
| <input type="checkbox"/> CDA Credential: Year _____ | Major: _____ | Concentration: _____ |

Please check one that best describes your educational goal:

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

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.

- | | |
|---|--|
| <input type="checkbox"/> CDA: Infant/Toddler | <input type="checkbox"/> Apprenticeship Certificate |
| <input type="checkbox"/> CDA: Preschool | <input type="checkbox"/> Child Care Certificate |
| <input type="checkbox"/> CDA: Family Child Care | <input type="checkbox"/> Teaching License (Level _____) |
| <input type="checkbox"/> CDA: Home Visitor | <input type="checkbox"/> Northern Lights Career Ladder Level |
| <input type="checkbox"/> Bi-Lingual (language: _____) | 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/

Do you have a NAEYC/VTAEYC Membership? ☐ YES, Account # _____ ☐ NO

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

How many people total live in your household? _____

<u>Number of</u>	<u>Relationship</u>
_____	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

What languages can you speak fluently? _____

What is your preferred language for learning? _____

Statement of Income: (Please complete the "Family Child Care Provider Monthly Income Worksheet")

You must apply for Federal financial aid (FAFSA). Have you applied?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
--	------------------------------	-----------------------------

If no, please contact VSAC immediately for assistance 1-800-642-3177 or 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

YOUR PERSONAL TOTAL INCOME per MONTH \$ _____

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

HAVE YOU EVER DEFAULTED ON STUDENT LOANS IN THE PAST? Yes No

FAMILY CHILD CARE PROVIDER MONTHLY INCOME WORKSHEET

Instructions: This sheet is to help you determine your monthly income and expenses for your family child care home. For each question, use the amount you made or spent last month.

How much did you spend for your child care business last month?

Wages	
Employee Benefits	
Contract Labor	
Taxes	
Rent or Mortgage (percent allowed for business purposes only)	
Utilities (percent allowed for business purposes only)	
Insurance	
Repairs & Maintenance (percent allowed for business purposes only)	
Supplies	
Advertising	
License	
Travel	
Legal & Professional Services (percent allowed for business purposes only)	
Total Monthly Expenses	

How much income did you have for your child care business last month?

Total amount paid to you by parents last month?	
Total amount paid to you through Child Care Subsidies last month?	
How much was your reimbursement through CACFP last month? (food)	
What is your monthly Public School Partnership Income?	
Other monthly income?	
Total Monthly Income	

_____	-	_____	=	_____
Total Monthly Income	minus	Total Monthly Expenses	equals	Total Monthly Earnings

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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

Program License Number: _____ Number of Children Licensed for: _____

STARS Rating: _____ NAFCC 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.

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 VTAIEYC 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 any early childhood certificates or licenses
- ☐ Copy of STARS certificate (if applicable)
- ☐ Copy of NAEYC/NAFCC accreditation (if applicable)
- ☐ Income verification (Family Child Care Provider Monthly Income Worksheet)
- ☐ Completed participation agreement statement (pg. 5)
- ☐ 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)

If you have any questions about completing the application contact us at (802) 387-0870 or email at

teachearlychildhoodvermont@vtaeyc.org. Please scan and email your application to

teachearlychildhoodvermont@vtaeyce.org