



Vermont Association for the
Education of Young Children

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

*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 Apprenticeship Scholarship Eligibility Requirements

1. Work in a Vermont regulated preschool or child care center.
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 or credential 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.
7. Has the support of a qualified mentor who works on-site in the applicant's child care classroom at least 30 hours per week.



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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)

Director's Name: _____ Mentor's Name: _____

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
Mailing
Northern Lights @ CCV
College
My Center Director
T.E.A.C.H. Recipient
Workshop
Website
Child Development Division
Colleague
Mentor:
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
Year _____ | <input type="checkbox"/> College Child Care
Certificate: Year _____ | Major: _____ |
| <input type="checkbox"/> Technical Education
Center/Human Services
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"/> 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)

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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
- 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/

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.****

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

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

Is there a computer available to you at work? YES NO With Google Sheets? 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 _____

You must apply for financial aid (VSAC Advancement Grant). Have you applied?	<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

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 STUDENT LOANS IN THE PAST? Yes No

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

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

What languages can you speak fluently? _____

What is your preferred language for learning? _____

Respond to the following questions on a separate piece of paper with your typed answers:

1. Why do you want to participate in the Early Childhood Apprenticeship Program?
2. How will you benefit from participation in the Early Childhood 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 Vermont Early Childhood Education 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 VTAEYC to discuss my progress in this training program with my employer. I give my permission for VTAEYC to share my participation and/or successful completion in the Vermont Early Childhood Education Apprenticeship Program with organizations who are providing similar support.

Signature of Applicant _____ Printed Name of Applicant _____ Date _____

Your complete application packet should be submitted altogether including: (Application Checklist)

Application Checklist: to be completed by the applicant:

- | | |
|---|---|
| <input type="checkbox"/> Copy of early childhood certificates/license | <input type="checkbox"/> Completed/signed participant participation agreement statement (pg. 4) |
| <input type="checkbox"/> Copy of STARS certificate | <input type="checkbox"/> Sponsor: Program Participation Agreement (p.5-6 including all requested attachments) |
| <input type="checkbox"/> Copy of NAEYC/NAFCC accreditation | <input type="checkbox"/> Mentor: Statement of Interest (p. 7-9 including all requested attachments) |
| <input type="checkbox"/> Income verification (current paycheck stub) | <input type="checkbox"/> VTAEYC membership confirmation for the Apprentice at the "Entry" membership level |
| <input type="checkbox"/> Financial aid (VSAC) proof of application | |
| <input type="checkbox"/> Copy of prior college transcripts (unofficial) | |
| <input type="checkbox"/> Current resume | |

Contact VTAEYC/T.E.A.C.H. Early childhood Vermont with any questions: 802-387-0870 or by email at teachearlychildhoodvermont@vtaeyc.org. Please scan and email full application packet to teachearlychildhoodvermont@vtaeyc.org

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

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 credits 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 credits, issue at least a 1.5% raise which meets the wage scale as submitted by the Sponsor to the Vermont Department of Labor (whichever is higher).

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 VTAEYC to determine eligibility. A site visit and discussion with your licenser 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 Early Childhood 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 VTAEYC office to address any concerns I may have regarding the Vermont Early Childhood Education Apprenticeship Program.

Authorized Signature: _____ Date: _____

Name (Printed): _____ Title: _____

Note: Please ensure your applicant includes this completed, signed, double-sided form along with your typed responses to the above four questions with their full application packet.

Contact VTAEYC/T.E.A.C.H. Early childhood Vermont with any questions: 802-387-0870 or by email at teachearlychildhoodvermont@vtaeyc.org

Mentor Statement of Interest

Date: _____

Name: _____

Mailing Address: _____

City/State/Zip: _____

County: _____ Email: _____

Phone Number(s): Home: _____ Work: _____ Cell: _____

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?

- Yes (includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Spanish)
 No

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: _____

(PLEASE CONTINUE ON OTHER SIDE)

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

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: _____

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/

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

1. Why do you want to participate in the Registered Early Childhood Apprenticeship Program?
2. How will your experience in the field benefit your apprentice?
3. How do you plan to support your apprentice?

Please also attach a copy of your recent resume and all copies of college transcripts, Vermont level certificates, and/or educator licenses.

I understand that the Vermont Early Childhood Education 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 VTAEYC to discuss my participation in this training program with my employer.

Signature of Mentor

Printed Name of Mentor

Date

Note: Please ensure your applicant includes this completed, signed, double-sided form along with your typed responses to the above three questions, copies of your resume, college transcripts, Vermont level certificates and/or educator license with their full application packet.

Contact VTAEYC/T.E.A.C.H. Early childhood Vermont with any questions: 802-387-0870 or by email at teachearlychildhoodvermont@vtaeyc.org