



T.E.A.C.H. Early Childhood® Vermont Bachelor's Degree Scholarship Application for Center Staff

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 Bachelor's 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 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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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)

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

Social Media (Insta or FB)

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?	<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:

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 a Bachelor Degree

Earn a Master's Degree

Earn an Early Childhood or Early Childhood Special Education License

Have you earned college credits in the past two years?

YES, how many total credits? _____ How many ECE credits? _____ NO

At what college or university have you earned college credit? _____

What school would you like to attend to complete your Bachelor's Degree?

<input type="checkbox"/> Northern Vermont University	<input type="checkbox"/> Saint Michael's College	<input type="checkbox"/> Champlain College
<input type="checkbox"/> Springfield College	<input type="checkbox"/> Castleton University	

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 (State/Level _____) |
| <input type="checkbox"/> CDA: Home Visitor | <input type="checkbox"/> Northern Lights Career Ladder Level |
| <input type="checkbox"/> 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/

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(s))

Job #1 Employer _____

Hours/Week _____ Earnings _____ per _____

Job #2 Employer _____

Hours/Week _____ Earnings _____ per _____

You must apply for Federal financial aid (FAFSA). 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.

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

YOUR TOTAL ANNUAL INCOME \$ _____

YOUR TOTAL ANNUAL FAMILY INCOME (all household adult earnings) \$ _____

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? _____

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
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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 (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 transcripts (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 packet to 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 Bachelor 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 per contract for the scholarship employee.

☐ **Employee Director (*bonus option*):** Pay 10% of the cost of the tuition for 9-15 semester hours per contract for the scholarship employee. Upon successful completion of the contract and 9-15 credit hours, award a \$500 bonus.

☐ **Employee Director (*raise option*):** Pay 10% of the cost of the tuition for 9-15 semester hours per contract for the scholarship employee. Upon successful completion of the contract and 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 per contract for the scholarship employee. Provide release time each week for my scholarship employee. Upon successful completion of the contract and 9-15 credit hours, award a \$300 bonus.

☐ **Teacher (*raise option*):** Pay 10% of the cost of tuition for 9-15 semester hours per contract for the scholarship employee. Provide release time each week for my scholarship employee. Upon successful completion of the contract and 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. Bachelor's 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)

T.E.A.C.H. Early Childhood® Vermont Bachelor's Degree Scholarship Application for Center Staff

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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- ☐ Income verification (current paycheck stub)
- ☐ Completed participation agreement statement (pg. 4 for participants, pg. 5-6 for sponsoring programs)
- ☐ 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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