



T.E.A.C.H. Early Childhood® Vermont Bachelor's Degree Scholarship Application Family Child Care Providers

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 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 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. 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

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: _____

Employment Status

What is your current job title?	Teacher	Teacher Associate	Teacher Assistant
	Trainee	Classroom Aide	Director
	Director Owner	Other: _____	

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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"/> 6-10years	<input type="checkbox"/> 2-5 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"/> Preschool (37 months to Pre K)	<input type="checkbox"/> Toddler (13-36 months) <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's
- 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?

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

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/VTAIEYC Membership?

☐ YES, Account # _____

☐ NO

Family Structure

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

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

YOUR PERSONAL TOTAL INCOME per MONTH \$ _____

YOUR TOTAL FAMILY INCOME (all household adult income combined) \$ _____

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

FAFSA Date of application _____

Application Status: ☐ AWARDED ☐ DENIED ☐ SUBMITTED/PENDING

Other Source of financial aid _____

Date of application _____

Application Status: ☐ AWARDED ☐ DENIED ☐ SUBMITTED/PENDING

HAVE YOU EVER DEFAULTED ON A STUDENT LOAN 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 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 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@vtaeyc.org.