



### **T.E.A.C.H. Early Childhood® Vermont Licensure 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 Licensure 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. Hold a Bachelor's degree in early childhood education, early childhood special education or a related field.
5. Is working toward an early childhood license or endorsement at a Vermont college (*or would like to be*)
6. 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.
7. 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.
8. For Peer Review Only: Completed and passed all required Praxis Exams and completed the Vermont Agency of Education Peer Review Clinic



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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, Cuban, Puerto Rican, 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?	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:**

Obtain VT Educator License with endorsement in early childhood or early childhood special education	Earn a Master's Degree
	Other (please specify): _____

Have you earned college credits in the past two years?

YES, how many total credits? \_\_\_\_\_ How many ECE credits? \_\_\_\_\_ NO

What path to Vermont teacher licensure are you pursuing?

VT Higher Education Collab.      AOE Peer Review Process      Champlain College Peer Review

Have you been accepted in to the Vermont Higher Education Collaborative?

YES      NO      N/A

If yes, what program are you enrolled in? \_\_\_\_\_

Have you completed the Vermont Agency of Education Peer Review Clinic?

YES      NO      N/A      **If yes, please submit a copy of the certificate**

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Have you completed and passed all required Praxis Exams?

YES

NO

N/A (for VT HEC only)

**Please provide verification that you have passed all exams or notification that you are exempt from Praxis exams (ex: SAT scores etc). Praxis requirements must be met before acceptance into a Peer Review Scholarship.**

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

Specialization: Bi-Lingual

Apprenticeship Certificate

Child Care Certificate

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

Northern Lights Career Ladder Level

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 \_\_\_\_\_

**VT HEC model applicants must apply for a VSAC non-degree grant. Have you applied?**

YES

NO

If no, please contact: VSAC at 1-800-642-3177 or [info@vsac.org](mailto:info@vsac.org)

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

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 ANNUAL INCOME \$ \_\_\_\_\_

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

HAVE YOU EVER DEFAULTED ON STUDENT LOANS IN THE PAST?

Yes

No

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**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 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 (VSAC) proof of application (for VT HEC model only – not for Peer Review)
- ☐ Copy of prior college transcript (unofficial copies accepted)
- ☐ For Peer Review Option: Verification of meeting Praxis requirements and certificate from Peer Review Clinic

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 your complete application to [teachearlychildhoodvermont@vtaeyc.org](mailto:teachearlychildhoodvermont@vtaeyc.org)

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**Sponsor Program Participation Agreement**

This agreement must be completed by the center director for teachers, owner or board chairperson for directors. The T.E.A.C.H. Early Childhood® Vermont Provisional Licensure Scholarship Model 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  
(Center Name) \_\_\_\_\_ agrees to participate in one of the  
following ways: (Please check one to indicate which applicable option you prefer):

\_\_\_\_\_ **Higher Ed Collaborative**

Pay 10% of the cost of the tuition for 3-9 credit hours through the Vermont Higher Education Collaborative Program at Lyndon State College for the scholarship employee. Provide release time each week for my scholarship employee. The amount of release time is up to 3 hours per week. Release time will be provided when courses are in session regardless of the number of courses taken.

\_\_\_\_\_ **Agency of Education Peer Review**

Pay 10% of the cost of the Peer Review Project submission fee for the scholarship employee. Provide release time for my scholarship employee. The amount of release time is up to 40 hours total for the creation of the portfolio contents.

\_\_\_\_\_ **Champlain College: Peer Review**

Pay 10% of the cost of the tuition for up to 3 credit hours through the Champlain College Reflective Practices: Portfolio Development Program for the scholarship employee. Provide 3 hours of release time each week for my scholarship employee while the class is in session, and up to another 40 hours of release time total for portfolio development and submission after the class is complete. Pay 10% of the cost of the Peer Review submission fee for the scholarship employee.

**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. Licensure 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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- ☐ Income verification (current paycheck stub, Schedule C, etc.)
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