

# Vermont Early Childhood Education Pre- Apprenticeship Program Application

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)

Preferred language: \_\_\_\_\_

Pronouns: \_\_\_\_\_

## 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 Pre- Apprenticeship Program?

- |  |   |   |
|--|---|---|
| <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"/> Colleague                  |
| <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: _____               |

**Education Information:**

Grade for 2023-2024 School Year:

Name of High School you attend: \_\_\_\_\_

Name of Career & Technical Education (CTE) Center: \_\_\_\_\_

CTE Instructor or Work-Based Learning Coordinator: \_\_\_\_\_

**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? \_\_\_\_\_

**Employment Status**

Do you or have you ever held employment before? **YES** **NO**

What is/was your hourly wage?

How many hours per week do/did you work?

If applicable, what are/were your job responsibilities?

1. Why do you want to participate in the Early Childhood Education Pre- Apprenticeship Program?

2. Briefly Describe any experience you have working with children birth - age 8.

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Have you selected an ECE program for your internship?                      YES                      NO

Name of ECE Program:

Name of ECE program Director:

**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 the Vermont ECE Pre-Apprenticeship Program.

Furthermore, 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 Pre- Apprenticeship Program with organizations who are providing similar support.

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Signature of Applicant

Printed Name of Applicant

Date

Contact VTAEYC for assistance with this application at  
[preapprenticeship@vtaeyc.org](mailto:preapprenticeship@vtaeyc.org)