



**T.E.A.C.H. Early Childhood® PENNSYLVANIA**  
 Early Childhood Director's Credential  
 Scholarship Application



**PERSONAL INFORMATION**

Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

County \_\_\_\_\_ Email \_\_\_\_\_

Phone Number *Home:* ( ) \_\_\_\_\_ *Cell:* ( ) \_\_\_\_\_ *Work:* ( ) \_\_\_\_\_

Date of Birth *(mm/dd/yyyy)* \_\_\_\_\_ Gender \_\_\_\_\_

**Ethnicity (Information provided in this section used for demographic purposes only)**

Are you of Hispanic, Latino or Spanish origin?

- No  Yes, Puerto Rican  Other Hispanic, Latino or Spanish  
 Yes, Mexican, Mexican American, Chicano  Yes, Cuban

Do you consider yourself...?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> White                            | <input type="checkbox"/> Chinese               | <input type="checkbox"/> Other Asian:             |
| <input type="checkbox"/> Black, African American or Negra | <input type="checkbox"/> Korean                |   |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other Pacific Islanders: |
| <input type="checkbox"/> Asian Indian                     | <input type="checkbox"/> Filipino              |   |
| <input type="checkbox"/> Japanese                         | <input type="checkbox"/> Vietnamese            | <input type="checkbox"/> Other race:              |
| <input type="checkbox"/> Native Hawaiian                  | <input type="checkbox"/> Samoan                |   |

**How did you hear about the T.E.A.C.H. Early Childhood® PENNSYLVANIA Scholarship?**

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> Presentation | <input type="checkbox"/> College              | <input type="checkbox"/> Workshop                      |
| <input type="checkbox"/> Mailing      | <input type="checkbox"/> My Center Director   | <input type="checkbox"/> Website                       |
| <input type="checkbox"/> CCR&R Agency | <input type="checkbox"/> T.E.A.C.H. Recipient | <input type="checkbox"/> Other (please specify): _____ |

**EDUCATION INFORMATION**

**Check the box that best describes your educational history:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> No high school diploma  | <input type="checkbox"/> Associate Degree (Major: _____) | <input type="checkbox"/> Doctorate Degree |
| <input type="checkbox"/> High school diploma/GED | <input type="checkbox"/> Bachelor Degree (Major: _____)  |   |
| <input type="checkbox"/> 1-year certificate      | <input type="checkbox"/> Masters Degree (Major: _____)   |   |

**Check the box that best describes your educational goals:**

- Earn a Director's Credential
- Earn an add-on PA Teacher Certification in Early Childhood Education
- Earn a Master's Degree in Early Childhood Education
- Earn a Master's Degree in Early Childhood Education with PA Teacher Certification
- Earn a Doctorate Degree in Early Childhood Education or other related field

**Are you currently enrolled at in a Director Credential Program?**  Yes  No

**When would you like your scholarship to begin?**  Fall  Spring  Summer Year: \_\_\_\_\_

**Which higher education institution would you like to attend?** \_\_\_\_\_

Return completed application with income verification to:  
 PACCA/T.E.A.C.H. • 20 Erford Rd, Suite 302 • Lemoyne, PA 17043  
 Fax: (717) 657-0959 • Email: [teachinfo@pacca.org](mailto:teachinfo@pacca.org)  
 Questions? Call (717) 657-9000 or visit [www.pacca.org](http://www.pacca.org)

## EMPLOYMENT STATUS

### What is your current job title?

- Teacher       Director       Administrator       Non-Teaching Professional Staff  
 Assistant Teacher       Assistant Director       Owner       Non-Teaching Support Staff

### What age groups do you teach? (check all that apply)

- Infants (0-12 months)       Preschool (37 Months – PreK)  
 Toddler (13-36 months)       School Age

### How long have you worked in the field of early childhood?

- Less than 2 years       2-5 years       6-10 years       10+ years

### How many hours per week do you work? (on average)

\_\_\_\_\_

### How many months per year do you work?

\_\_\_\_\_

### Beginning date of employment at your current facility? (mm/dd/yyyy)

\_\_\_\_\_

### What is your current hourly wage?

\_\_\_\_\_

## FACILITY INFORMATION

*This section must be completed by the center director or owner.*

### Facility MPI#

\_\_\_\_\_

### Facility Name

\_\_\_\_\_

### Facility Address (street address)

\_\_\_\_\_

### Facility Address (city, state, zip & county)

\_\_\_\_\_

### Director Name

\_\_\_\_\_

### Director Email Address

\_\_\_\_\_

### Tax ID Number

\_\_\_\_\_

### Indicate all forms of funding your facility receives:

- Head Start       State PreK       State Subsidies: CCIS  
 Early Head Start       Title I       State Subsidies: Other Funding Contracts  
 State Head Start       IDEA       N/A

### Number of Children Served

\_\_\_\_\_

### Auspice:      Profit      Nonprofit      Head Start      Religious Sponsored

### Keystone STAR Rating:      Non-STARS      STAR 1      STAR 2      STAR 3      STAR4

### PA PreK Counts site:      Yes      No

### Accreditations:      N/A      NAEYC      OTHER \_\_\_\_\_

## CENTER PARTICIPATION AGREEMENT

*This agreement must be completed by the center owner or board chairperson.*

The T.E.A.C.H. Early Childhood® Director's Credential Scholarship Program offered through PACCA requires the participation of each scholarship recipient's employing child care program. In the event that *(Applicant's Name)* \_\_\_\_\_ is awarded a scholarship, I understand that *(Center Name)* \_\_\_\_\_ agrees participate in one of the following options:

***(Please select one scholarship option below.)***

**CENTER DIRECTOR STIPEND OPTION** \_\_\_\_\_ *(Director is EMPLOYEE of the center)*

1. Pay 25% of the cost of books and 10% of the cost of tuition and approved fees for courses totaling 9-15 credit hours toward the Director Credential at an approved college or university
2. Provide the director with a flexible schedule so he/she can attend classes as needed.
3. At the end of the contract year upon successful completion of 9-15 credit hours issue a \$300 stipend. This stipend is in addition to any other expected raise or bonus.

**CENTER OWNER OPTION** \_\_\_\_\_ *(Director is OWNER of the center)*

1. Pay 25% of the cost of books and 20% of the cost of tuition and approved fees for courses totaling 9-15 credit hours toward the Director Credential at an approved college or university

Print Name of Facility Owner/Board Chairperson \_\_\_\_\_

Signature of Facility Owner/Board Chairperson \_\_\_\_\_

## STATEMENT OF INCOME

**ATTACH A COPY OF YOUR MOST RECENT PAY STUB(S) TO THIS APPLICATION**

**Instructions:** As part of the application process, we must verify your income. List EACH source of income available to you plus **you MUST include income verification**. A statement from your employer indicating your hours and rate of pay or a copy of your most recent pay stub will verify earnings from your job.

**Employer #1** \_\_\_\_\_ Hours/week \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

**Employer #2** \_\_\_\_\_ Hours/week \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

**Have you applied for any other financial Aid?**  Yes  No

If yes, indicate which financial aid source(s) for which you have applied

PELL Grant  Other Scholarships  Student Loans

**Financial Aid #1** \_\_\_\_\_ Date of Application \_\_\_\_\_

Application Status  AWARDED  DENIED  PENDING

**Financial Aid #2** \_\_\_\_\_ Date of Application \_\_\_\_\_

Application Status  AWARDED  DENIED  PENDING

**YOUR TOTAL ANNUAL INCOME IS \$** \_\_\_\_\_

**Remember to include a copy of your income verification!**  
**We cannot process your application without this information.**

Return completed application with income verification to:  
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Fax: (717) 657-0959 • Email: [teachinfo@pacca.org](mailto:teachinfo@pacca.org)  
Questions? Call (717) 657-9000 or visit [www.pacca.org](http://www.pacca.org)

## STATEMENT & SIGNATURE OF APPLICANT

I, \_\_\_\_\_ (*applicant name*), attest that the information provided on this application and the supporting documentation is true to the best of my knowledge. I understand that falsifying application information or documentation or the failure to comply with documentation requirements may result in the inability to be a participant in this program. If my participation is terminated due to my failure to comply with documentation requirements, I understand that my employer may be notified along with the program funder. If for any reason scholarship funds are issued incorrectly as a result of false information provided by me, I acknowledge that I will be required to reimburse PACCA and the T.E.A.C.H. Early Childhood® PENNSYLVANIA Scholarship Program for the monetary support that was received in error.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## PERSONAL RESPONSIBILITIES AGREEMENT

This is an agreement between T.E.A.C.H. Early Childhood® PENNSYLVANIA and the scholarship applicant (*applicant name*) \_\_\_\_\_. Please read carefully and sign the agreement, **initialing** next to each line item. As part of your application, this agreement **MUST** be signed and submitted along with any other required documents before your application can be considered complete.

As a T.E.A.C.H. Early Childhood Scholarship Recipient, I will:

\_\_\_\_\_ Attend class, study, work hard and be a responsible student. This is a great opportunity that should be taken seriously.

\_\_\_\_\_ Regularly communicate with my Scholarship Counselor. My Counselor is available to help guide me through the process of attending college as well as balancing my college, work and family responsibilities. She/he can easily be reached by phone or e-mail and can answer many questions.

\_\_\_\_\_ Submit reimbursement forms in a timely manner. Preauthorization for courses must be submitted in time for Scholarship Counselors to review and forward to the appropriate college/university. Form B's must be submitted for reimbursement of tuition, books and travel claims.

\_\_\_\_\_ Contact my Scholarship Counselor regarding any changes to my employment or college status, or if I am having difficulty in meeting my course/college or scholarship contract requirements.

\_\_\_\_\_ Submit my grades within 30 days of each semester end date. Keeping my scholarship records current is critical to ensuring that I can continue my education without interruption.

\_\_\_\_\_ Pay my bills from T.E.A.C.H. and/or my college/university in a timely manner. It is my responsibility to ensure that I am meeting all of my obligations related to this opportunity.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_