T.E.A.C.H. Early Childhood® PA Student Teaching Only Scholarship

What is the Purpose of the T.E.A.C.H. Early Childhood® Student Teaching Only Scholarship?
The purpose of the T.E.A.C.H. Early Childhood® Student Teaching Only Scholarship is to assist teachers in completing their student teaching experience and obtaining a bachelor’s degree and/or PA teacher certification in Early Childhood Education (ECE).

What does the Student Teaching Only Scholarship provide?
- $3,000 stipend to assist with expenses and/or lost wages.
- Reimbursement to the program for 15 hours per week of substitute coverage (max of 240 hours) at a rate of $10.00 per hour during the student teaching semester(s).

Who is eligible to participate?
To be eligible for a scholarship applicants must:
- Be approved for and enrolled in a T.E.A.C.H. Bachelor’s Degree or Certification Only scholarship model.
- Be employed for a minimum of 150 hours during the student teaching semester(s) in a DHS certified, Head Start or PA PreK Counts Program that participates in Keystone STARS.
- Be enrolled as an in-state student in a student teaching assignment that meets PA Department of Education (PDE) requirements for teacher certification. The credit requirements can be completed in one or two semesters.
- Have worked in child care in Pennsylvania for at least one year.

What is the responsibility of the sponsoring child care program?
The sponsoring program agrees to:
- Complete and return claim forms for reimbursement of substitute coverage during the student teaching semester(s) by the 15th of each month, or by the end of the semester.
- Notify PACCA within 10 days of any changes in the scholarship recipient’s employment status.
- Provide PACCA with demographic information about the center to satisfy reporting requirements to granting agencies.
- Submit all term claims within 30 days after the close of each semester.

What is the responsibility of the scholarship recipient?
The scholarship recipient would agree to:
- Continue enrollment with the Bachelor’s Degree and/or Certification Program at the college/university in which you are enrolled.
- Attend field placement regularly and successfully complete the requirements set forth by the college/university.
- Remain employed at sponsoring program for a minimum of 10 hours per week or 150 hours during the student teaching semester(s).
- Remain employed in the sponsoring program for one year per completed contract and in the early childhood field for an additional year.
- Submit a grade report to PACCA upon completion of the student teaching semester(s).
- Provide employment verification to PACCA upon graduation.
- Notify PACCA of additional sources of financial aid.
- Submit all reimbursement claims within 30 days after the close of each semester.

For more information, contact a T.E.A.C.H. Counselor at (717) 657-9000 or teachinfo@pacca.org.

08/2017
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...?
☐ White  ☐ Chinese  ☐ Other Asian:
☐ Black, African American or Negra  ☐ Korean  ☐ Other:
☐ American Indian or Alaska Native  ☐ Guamanian or Chamorro  ☐ Other Pacific Islanders:
☐ Asian Indian  ☐ Filipino  ☐ Other race:
☐ Japanese  ☐ Vietnamese  ☐ Samoa

How did you hear about the T.E.A.C.H. Early Childhood® PENNSYLVANIA Scholarship?
☐ Presentation  ☐ College  ☐ Workshop
☐ Mailing  ☐ My Center Director  ☐ Website
☐ CCR&R Agency  ☐ T.E.A.C.H. Recipient  ☐ Other (please specify):___________________

EDUCATION INFORMATION

Check the box that best describes your educational history:
☐ No high school diploma  ☐ Associate Degree (Major:________________________)
☐ High school diploma/GED  ☐ Bachelor Degree (Major:________________________)
☐ 1-year certificate  ☐ Masters Degree (Major:________________________)

Check the box that best describes your educational goals:
☐ 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 an Early Childhood Teacher Certification/Degree program?  ☐ Yes  ☐ No

Which semester will you begin student teaching?  ☐ Fall  ☐ Spring  ☐ Summer  Year:_______________________

Which higher education institution do you 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
Questions? Call (717) 657-9000 or visit 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

Do you work in a PA PreK Counts classroom? ☐ Yes ☐ No

How many children are in your classroom or family child care/group home? ________________________________

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

Accreditations: ☐ N/A ☐ NAEYC ☐ OTHER______________________________
EMPLOYER / PROVIDER PARTICIPATION AGREEMENT

The Center Director, Owner, Board Chairperson or Family Child Care Provider must complete this agreement

The T.E.A.C.H. Early Childhood® Student Teaching Only 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 agree that (Center/Family Provider Name) ___________________________ agrees to all of the following participation requirements.

1. Complete and return claim forms for reimbursement of release time during the student teaching semester(s) by the 15th of each month following the month claimed or by the end of the semester.
2. Notify PACCA within 10 days of any changes in the scholarship recipient's employment status.
3. Provide PACCA with demographic information about the center/family child care home to satisfy reporting requirements to granting agencies.

Print Name of Facility Director/Owner/Board Chairperson ________________________________________________________________

Signature of Facility Director/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 competed application with income verification to:
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Fax: (717) 657-0959 • Email: teachinfo@pacca.org
Questions? Call (717) 657-9000 or visit 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.

I am aware that during the course of my Student Teaching Only contract, I am required to remain employed with my sponsoring child care program for a minimum of 10 hours per week (150 hours total) while completing my student teaching semester(s). I will also continue employment at my sponsoring center/operation of my family child care home for one year following completion of my contract and in the early childhood field for one additional year after that.

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. If my scholarship model includes paid release time, I will sign the Form C’s, ensure that my director signs the Form C and help to submit this documentation for reimbursement of release time.

_______ Remain employed with my sponsoring child care program for a minimum of 10 hours per week (150 hours total) while completing the student teaching requirement and continue employment for one year at my sponsoring child care program and in the early childhood field for an additional year.

_______ 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 __________________________

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