



**T.E.A.C.H. Early Childhood® PENNSYLVANIA**  
 Early Childhood Bachelor's Degree  
 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"/> ELRC         | <input type="checkbox"/> T.E.A.C.H. Recipient | <input type="checkbox"/> Other (please specify): _____ |

**EDUCATION INFORMATION**

**You MUST include a copy of your transcripts and a transcript review showing at least 55 hours of transferable credit.**

**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's Degree (Major: _____) |   |
| <input type="checkbox"/> High school diploma/GED + credits | <input type="checkbox"/> Master's Degree (Major: _____)   |   |

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

- Earn a Bachelor's degree in Early Childhood Education (or equivalent)  
 Earn a Bachelor's degree in Early Childhood Education with PA Teacher Certification  
 Earn an add-on PA Teacher Certification in Early Childhood Education

**Are you currently enrolled in classes at a college or university?**  Yes  No

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

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

## 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 Phone Number \_\_\_\_\_

Director Email Address \_\_\_\_\_

Tax ID Number \_\_\_\_\_

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

- Head Start       State PreK       State Subsidies: ELRC (Indicate Subsidy Enrollment % \_\_\_\_\_)  
 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:       STAR 1       STAR 2       STAR 3       STAR 4

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

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)

## CENTER/GROUP HOME PARTICIPATION AGREEMENT FOR STAFF

*The center director or owner must complete this agreement for center staff applicants.*

The T.E.A.C.H. Early Childhood® Bachelor's Degree Scholarship Program offered through PACCA requires the participation of each employer. In the event that *(Applicant Name)* \_\_\_\_\_ is awarded a scholarship, I agree that *(Center Name)* \_\_\_\_\_ agrees to select one option below and meet all of the corresponding requirements.

### RAISE Option \_\_\_\_\_

1. Pay 5% of the cost of tuition and approved fees for courses totaling 9-15 credit hours at an approved college or university for the scholarship employee.
2. Provide paid release time each week for my scholarship employee. The amount of release time is equal to the number of credit hours the employee is taking up to a maximum of six hours per week. Release time will be provided when the college is in session. Center will be reimbursed for 75% of the release time hours claimed.
3. At the end of the contract year upon successful completion of 9-15 credit hours issue a **4% raise**. This raise is in addition to any other expected raise or bonus.

### STIPEND Option \_\_\_\_\_

1. Pay 5% of the cost of tuition and approved fees for courses totaling 9 - 15 credit hours at an approved college or university for the scholarship employee.
2. Provide paid release time each week for my scholarship employee. The amount of release time is equal to the number of credit hours the employee is taking up to a maximum of six hours per week. Release time will be provided when the college is in session. Center will be reimbursed for **75%** of the release time hours claimed.
3. At the end of the year upon successful completion of 9-15 credit hours, issue a **\$600 completion stipend** paid in two installments. This stipend is in addition to any other expected raise or bonus.

Print Name of Facility Director/Owner \_\_\_\_\_

Signature of Facility Director/Owner \_\_\_\_\_

## 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 \_\_\_\_\_

## FAMILY CHILD CARE PROVIDER PARTICIPATION AGREEMENT

*This section is for family child care provider applicants only.*

The T.E.A.C.H. Early Childhood® Bachelor's Degree Scholarship Program offered through PACCA requires the participation of each scholarship recipient. In the event that I (*Applicant's Name*) \_\_\_\_\_ am awarded a scholarship, I agree to the following participation requirements.

### FAMILY PROVIDER OPTION

1. Pay 5% of the cost of tuition and approved fees for courses totaling 9-15 credit hours at an approved college or university
2. Pay 20% of the cost of books for the courses approved through the scholarship
3. Continue operating my family child care home for one year after successful completion of the course and contract requirements.

Print Name of Family Child Care Owner \_\_\_\_\_

Signature of Family Child Care Owner \_\_\_\_\_

## CENTER PARTICIPATION AGREEMENT FOR DIRECTORS & OWNERS

*This section is for scholarship applicants who are center directors or owners and must be completed by the center owner or board chairperson.*

The T.E.A.C.H. Early Childhood® Bachelor's Degree 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 Name*) \_\_\_\_\_ agrees to all of the following participation requirements.

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

### CENTER DIRECTOR RAISE OPTION \_\_\_\_\_ (*Director is employee of the center*)

1. Pay 5% of the cost of tuition and approved fees for courses totaling 9-15 credit hours at an approved college or university
2. At the end of the contract year upon successful completion of 9-15 credit hours issue a 4% raise. This raise is in addition to any other expected raise or bonus.

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

1. Pay 5% of the cost of tuition and approved fees for courses totaling 9-15 credit hours at an approved college or university
2. At the end of the contract year upon successful completion of 9-15 credit hours issue a \$600 stipend in two installments. This stipend is in addition to any other expected raise or bonus.

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

1. Pay 10% of the cost of tuition and approved fees for courses totaling 9-15 credit hours at an approved college or university
2. Pay 25% of the cost of books for courses approved through the scholarship

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

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

## FAMILY CHILD CARE/GROUP HOME MONTHLY INCOME WORKSHEET

**Instructions:** This section will help you determine monthly earnings from your family child care or group home. If you work at a child care center, skip this section and proceed to the **Statement of Income** section below.

For each question use the amount you made or spent last month. **Remember, you MUST include income verification** such as a profit loss statement from your most recent tax return, a subsidy statement detailing your weekly rate and number of children for which you provide care or tuition receipts for each of the children in your care.

1. What is the total amount paid to you by parents each week? \_\_\_\_\_
2. Multiply by 4.33 (*weeks per month*) for total monthly parent fees \_\_\_\_\_
3. How much was your Child & Adult Care Food Program (CACFP) Reimbursement? \_\_\_\_\_
4. How much was the Department of Human Services CCIS subsidy for children in your care? \_\_\_\_\_
5. **TOTAL MONTHLY REVENUE** (*Add lines 2,3 and 4 for total monthly revenue*) \_\_\_\_\_

How much did you spend for children in your care last month on:

6. Food \_\_\_\_\_
7. Toys \_\_\_\_\_
8. Assistant/Substitute Care \_\_\_\_\_
9. Crafts/Supplies \_\_\_\_\_
10. Transportation \_\_\_\_\_
11. Training Fees \_\_\_\_\_
12. Gifts for Children/Families? \_\_\_\_\_
13. Other (*please specify*) \_\_\_\_\_
14. **TOTAL MONTHLY EXPENSES** (*Add lines 6 through 13 for total monthly expenses*) \_\_\_\_\_

Revenue (line 5)
-
Expenses (line 14)
=
TOTAL MONTHLY EARNINGS

*(Subtract line 14 from line 5 to find total monthly earnings - use this information in the Statement of Income below)*

## 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. Family child care/group home providers should use the income worksheet above to determine earnings.

**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 \$** \_\_\_\_\_

## 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.
- \_\_\_\_\_ 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 \_\_\_\_\_

**Remember to include a copy of your transcripts, a transcript review, and income verification with your application!  
We cannot process your application without this information.**