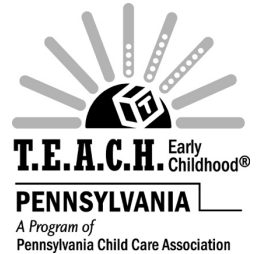




## T.E.A.C.H. Early Childhood® PENNSYLVANIA Certification Only Scholarship



### ***What is the Purpose of the T.E.A.C.H. Early Childhood® Certification Only Scholarship?***

The purpose of the T.E.A.C.H. Early Childhood® Certification Only Scholarship is to assist early childhood teachers in obtaining their PA Early Childhood Education (PreK-4) teaching certificate. Teachers may use this scholarship to earn Level I OR Level II certification.

### ***What does the Certification Only Scholarship cover?***

- 90% of tuition and 75% of books costs associated with completing 12-18 credit hours per contract (coursework may be at the graduate or undergraduate level.)
- Reimbursement to sponsoring employer for 75% of weekly paid release time up to 6 hours per week at a rate of \$10.00 per hour.
- \$125 travel stipend per semester.
- \$300 completion stipend to recipient for completing contract.

### ***Who is eligible to participate?***

To be eligible for a scholarship, applicants must:

- Be employed approximately 30 hours per week as a teacher in a DHS certified child care, program.
- Have a Bachelor's degree.
- Have no more the 45 credit hours remaining towards their PA teaching certification in ECE – students must submit a college/university approved education plan with the application.

### ***What is the responsibility of the sponsoring employer?***

The sponsoring program would agree to:

- Contribute 5% of tuition/fee costs associated with completing 12-18 credit hours per contract.
- Provide employee with paid release time (up to 6 hours per week) each week while classes are in session.
- Provide a \$300 completion stipend to recipient for completing contract.

### ***What is the responsibility of the scholarship recipient?***

The scholarship recipient would agree to:

- Successfully complete 12-18 credit hours towards early childhood teacher certification during the contract year.
- Maintain the required GPA set forth by the college/university each semester.
- Remain employed with sponsoring child care program for a minimum of 30 hours per week while completing 12-18 credit hours.
- Contribute 5% of tuition/fees and 25% of book costs associated with completing 12-18 credit hours per contract.
- Remain employed with the sponsoring program for at least one year per completed contract.

**Questions?** Contact a T.E.A.C.H. Scholarship Counselor at (717) 657-9000.

**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  
 American Indian or Alaska Native  Guamanian or Chamorro  Other Pacific Islanders:  
 Asian Indian  Filipino  
 Japanese  Vietnamese  Other race:  
 Native Hawaiian  Samoan

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

- Presentation  College  Workshop  
 Mailing  My Center Director  Website  
 ELRC  T.E.A.C.H. Recipient  Other (please specify): \_\_\_\_\_

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

## EDUCATION INFORMATION

**IMPORTANT: Applicants MUST include their transcripts AND a college/university approved transcript review and/or education plan with this completed application. An transcript review/education plan indicates which courses that a student must complete to earn ECE teacher certification. Contact your ECE advisor to obtain this information.**

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

- No high school diploma                       Associate Degree (Major: \_\_\_\_\_)     Doctorate Degree  
 High school diploma/GED                       Bachelor's Degree (Major: \_\_\_\_\_)  
 High school diploma/GED + credits     Master's 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 in classes at a college or university?**  Yes  No

**Are you currently working toward your early childhood teacher certification?**  Yes  No

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

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

## 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)

**FACILITY PARTICIPATION AGREEMENT**

This agreement must be completed by the center director for teachers and the center owner or board chairperson for directors.

The T.E.A.C.H. Early Childhood® Certification Only 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/Program Name) \_\_\_\_\_ agrees to select the appropriate option below and meet all of the corresponding requirements.

**FAMILY PROVIDER STIPEND OPTION** \_\_\_\_\_ (for family child care providers only)

- 1. Pay 5% of the cost of tuition and approved fees for courses totaling 12-18 credit hours at an approved college or university.
- 2. At the end of the contract year upon successful completion of 12-18 credit hours, continue operation of my family child care home for an additional year.

**CENTER TEACHER STIPEND OPTION** \_\_\_\_\_ (for center based staff only)

- 1. Pay 5% of the cost of tuition and approved fees for courses totaling 12-18 credit hours at an approved college or university for the scholarship recipient.
- 2. Provide paid release time each week for the scholarship recipient. The amount of release time is equal to the number of credit hours the employee is taking up to a maximum of 6 hours per week. Release time will be provided when the college/university is in session. Center will be reimbursed for a portion of the cost of substitute coverage.
- 3. At the end of the contract year upon successful completion of 12-18 credit hours issue a \$300 stipend in two installments. This stipend 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 12-18 credit hours at an approved college or university for the scholarship recipient.
- 2. At the end of the contract year upon successful completion of 12-18 credit hours, issue a \$300 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 12-18 credit hours at an approved college or university

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

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

**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 the 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/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 \$** \_\_\_\_\_

## APPLICANT PARTICIPATION & PERSONAL RESPONSIBILITIES AGREEMENTS

I am aware that I am required to pay a percentage of the cost of tuition and books for courses towards certification in early childhood education. During the course of my contract I agree to remain employed with my sponsoring child care program for a minimum of 30 hours per week while completing 12-18 credit hours. I also agree to remain employed with my sponsoring program for an additional year after completing the approved credit hours each scholarship contract.

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

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 initialed, 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 \_\_\_\_\_

## APPLICATION CHECKLIST

**Please review your application to ensure the following items are completed and/or attached:**

- All requested application data
- All required signatures
- Income verification
- College transcripts
- Transcript Review/Education Plan for ECE Certification (This can be obtained from the ECE Advisor at your college/university.)

**Your application cannot be processed without the information above.**

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)