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.

## PERSONAL INFORMATION

Date ___________________________ Social Security # ___________________________

Name ________________________________________________________________

Address _______________________________________________________________________

City, State, Zip __________________________________________________________________

County ___________________________ Email ________________________________

Phone Number

<table>
<thead>
<tr>
<th>Home: ( )</th>
<th>Cell: ( )</th>
<th>Work: ( )</th>
</tr>
</thead>
</table>

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
- [ ] Black, African American or Negra
- [ ] Chinese
- [ ] Other Asian:
- [ ] Other Hispanic, Latino or Spanish
- [ ] Yes, Mexican, Mexican American, Chicano
- [ ] Yes, Cuban
- [ ] Asian Indian
- [ ] Korean
- [ ] Guamanian or Chamorro
- [ ] Other Pacific Islanders:
- [ ] Japanese
- [ ] Vietnamese
- [ ] Other race:
- [ ] Native Hawaiian
- [ ] Filipino
- [ ] Samoan
- [ ] Other Pacific Islanders:
- [ ] Native Hawaiian
- [ ] Filipino
- [ ] Samoan
- [ ] Other race:

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

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

## EMPLOYMENT STATUS

What is your current job title?

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

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

- [ ] Infants (0-12 months)
- [ ] Toddler (13-36 months)
- [ ] Preschool (37 Months – PreK)
- [ ] 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
☐ 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_________________________________________________________________________
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 ____________________________________________

Return competed 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
Describe your professional goals in early childhood education and how Teacher certification in ECE will help you reach them.
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 $ ____________________________

Return competed 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
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.