What is the First Step/Last Step Scholarship?
The First Step/Last Step Scholarship is ideal for anyone who wants to take only a couple of courses or needs just a few credits in order to obtain a degree or certificate in early childhood education or an equivalent. This new T.E.A.C.H. scholarship option allows recipients to take 3-6 credits at a participating college/university.

Who is eligible for a scholarship?
Any ECE teacher or program director who would like to attend a participating college/university to earn an approved degree or certificate in Early Childhood Education and who meets the current T.E.A.C.H. eligibility criteria. See PACCA’s website for eligibility criteria and a list of participating colleges/universities.

What are the responsibilities of the scholarship recipient?
A scholarship recipient must attend classes regularly, successfully complete 3-6 credit hours and submit grades to T.E.A.C.H. The First Step/Last Step scholarship is only available to a recipient one time during the individual’s pursuit of their degree, credential or certificate.

What kind of employment commitment is the scholarship recipient required to make?
Scholarship recipients must remain with their sponsoring employer for 9 months after completion of the contract in exchange for receiving a stipend.

What are the benefits of a First Step/Last Step Scholarship to a sponsoring program?
Sponsoring programs have reduced tuition expenses and a more manageable compensation plan.

What support and commitments can be expected with a T.E.A.C.H. scholarship?

<table>
<thead>
<tr>
<th>Component</th>
<th>Recipient</th>
<th>Employer</th>
<th>T.E.A.C.H.</th>
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</thead>
<tbody>
<tr>
<td>Education</td>
<td>Complete 3-6 credits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuition/Fees</td>
<td>Pay 5%</td>
<td>Pay 5%</td>
<td>Pay 90%</td>
</tr>
<tr>
<td>Books</td>
<td>Contribute 25%</td>
<td></td>
<td>Reimburse 75%</td>
</tr>
<tr>
<td>Travel</td>
<td></td>
<td>$125 per semester</td>
<td></td>
</tr>
<tr>
<td>Release Time</td>
<td>Receives 45 hrs of paid RT per course</td>
<td>25% towards the cost of sub coverage</td>
<td>75% reimbursement of RT hrs at $10/hr</td>
</tr>
<tr>
<td>Compensation</td>
<td></td>
<td>Issue $100 stipend</td>
<td>Issue $300 Stipend</td>
</tr>
<tr>
<td>Commitment</td>
<td>9 months employment to employer</td>
<td></td>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date ______________________</th>
<th>Social Security # ______________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name ______________________</td>
<td>______________________</td>
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<tr>
<td>Address ____________________</td>
<td>______________________</td>
</tr>
<tr>
<td>City, State, Zip ____________</td>
<td>______________________</td>
</tr>
<tr>
<td>County ____________________</td>
<td>Email ______________________</td>
</tr>
<tr>
<td>Phone Number Home: ( )</td>
<td>Cell: ( )</td>
</tr>
<tr>
<td>Date of Birth (mm/dd/yyyy)</td>
<td>Gender ______________________</td>
</tr>
</tbody>
</table>

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

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

**How did you hear about the T.E.A.C.H. Early Childhood PENNSYLVANIA® Scholarship?**
- [ ] Presentation
- [ ] Mailing
- [ ] ELRC
- [ ] College
- [ ] My Center Director
- [ ] T.E.A.C.H. Recipient
- [ ] Workshop
- [ ] Website
- [ ] Other (please specify): ______________________

**EDUCATION INFORMATION**

**Check the box that best describes your educational history:**
- [ ] No high school diploma
- [ ] High school diploma/GED
- [ ] High school diploma/GED + credits
- [ ] Associate Degree (Major: ______________________)
- [ ] Bachelor’s Degree (Major: ______________________)
- [ ] Master’s Degree (Major: ______________________)
- [ ] Doctorate Degree

**Check the box that best describes your educational goals:**
- [ ] Earn an Early Childhood or School Age Credential
- [ ] Earn an Early Childhood, Infant/Toddler or School-Age Certificate
- [ ] Earn an Early Childhood Associate Degree
- [ ] Earn an Early Associate Degree and transfer to a four-year college/university to earn a Bachelor Degree

**I am interested in taking courses for a(n):**
- [ ] Associate Degree
- [ ] Bachelor’s Degree
- [ ] Teacher Certification

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

**When would you like your scholarship to begin?**
- [ ] Fall
- [ ] Spring
- [ ] Summer

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

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*NOTE: This one-time scholarship provides financial assistance for 3-6 credits ONLY*

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
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__________________________________________
FAMILY PROVIDER OPTION

1. Pay 5% of the cost of tuition and approved fees for courses totaling 3-6 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 9 months after successful completion of the course and contract requirements.

Print Name of Family Child Care Owner ________________________________________________________________

Signature of Family Child Care Owner ________________________________________________________________
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
(Add 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 $ ____________________
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:

(Initial next to each item to acknowledge that you have read and agree to the responsibilities below.)

_______ 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 ___________________________________________