

**T.E.A.C.H. Early Childhood® Alabama**  
**Associate Degree Scholarship Application for**  
**Child Care Center Teachers**

**GENERAL INFORMATION:**

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Female  Male

**FAMILY STRUCTURE:**

Including *yourself*, how many family members live in your household: \_\_\_\_\_

- Family Type:  Single, no children  Married, no children  
 Single parent  Married parent

**EMPLOYMENT STATUS:**

What is your current job title?

- Teacher  Administrator  Non-Teaching Professional Staff  
 Assistant Teacher  Family Based Professional  Non-Teaching Support Staff

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

- Infants (0-12 months)  Preschool (37 Months-Pre-K)  
 Toddlers (13-36 Months)  School Age

How long have you worked in the field of early childhood?

- Less than 2 Years  6-10 Years  
 2-5 Years  10+ Years

How many children are in your classroom or child care home? \_\_\_\_\_

How many hours per week do you work? \_\_\_\_\_

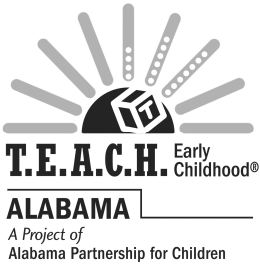
How many months per year do you work? \_\_\_\_\_

Beginning date of employment at your current facility? \_\_\_\_\_

What is your current hourly wage? \_\_\_\_\_

Is your center an Alabama First Class Pre-K site? \_\_\_\_\_

Are you a teacher in an Alabama First Class Pre-K classroom? \_\_\_\_\_



## T.E.A.C.H. Early Childhood® Alabama Associate Degree Scholarship Application for Child Care Center Teachers

**ETHNICITY:**

Are you of Hispanic, Latino or Spanish origin?

- |  |  |
|--|--|
| <input type="checkbox"/> No                                      | <input type="checkbox"/> Yes, Cuban                        |
| <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano | <input type="checkbox"/> Other Hispanic, Latino or Spanish |
| <input type="checkbox"/> Yes, Puerto Rican                       |  |

Do you consider yourself...?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> White                            | <input type="checkbox"/> Chinese               | <input type="checkbox"/> Other Asian:<br>_____             |
| <input type="checkbox"/> Black, African American          | <input type="checkbox"/> Korean                | <input type="checkbox"/> Other Pacific Islanders:<br>_____ |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other Race:<br>_____              |
| <input type="checkbox"/> Asian Indian                     | <input type="checkbox"/> Filipino              |  |
| <input type="checkbox"/> Japanese                         | <input type="checkbox"/> Vietnamese            |  |
| <input type="checkbox"/> Native Hawaiian                  | <input type="checkbox"/> Samoan                |  |

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

- |   |   |   |
|---|---|---|
| <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"/> CCR & R Agency | <input type="checkbox"/> T.E.A.C.H. Recipient | <input type="checkbox"/> Other (please specify):<br>_____ |

Please check the box that best describes your educational history:

- |  |   |                                    |
|--|---|------------------------------------|
| <input type="checkbox"/> No high school diploma  | <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Masters   |
| <input type="checkbox"/> High school diploma/GED | Major: _____                              | Major: _____                       |
| <input type="checkbox"/> 1-year certificate      | <input type="checkbox"/> Bachelor Degree  | <input type="checkbox"/> Doctorate |
|  | Major: _____                              | Major: _____                       |

Please check one that best describes your educational goals:

- Earn an Early Childhood or School-Age Credential
- Take a few Early Childhood courses to obtain or upgrade job-related skills
- Take Early Childhood courses to complete credit hours for a CDA Credential
- Earn an Early Childhood, Infant/Toddler or School-Age Certificate
- Earn an Early Childhood Associate Degree
- Earn an Early Childhood Associate Degree and transfer to a four-year college/university to earn a Bachelor's Degree

Are you currently enrolled at a community college?  Yes  No

If yes, what is your major?

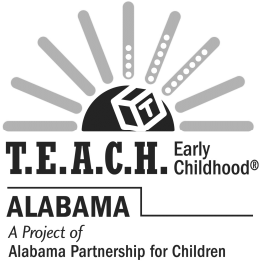
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When would you like your scholarship to begin? (circle one)

FALL                      SPRING                      SUMMER                      \_\_\_\_\_ (year)

Which community college would you like to attend?

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What are your professional goals in Early Childhood Education? Describe how a degree will help you achieve these goals. Be sure to include your long term career goals.

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Is there anything else about yourself that you would like us to consider while reviewing your application?

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**STATEMENT OF INCOME:**

**Job #1:** Employer \_\_\_\_\_  
Hours/Week \_\_\_\_\_ Earnings \_\_\_\_\_ per \_\_\_\_\_

**Job #2:** Employer \_\_\_\_\_  
Hours/Week \_\_\_\_\_ Earnings \_\_\_\_\_ per \_\_\_\_\_

Have you applied for any other financial aid (such as Pell Grants, Leadership Scholarship or student loans?)

Yes  No

**Source of financial aid #1:** \_\_\_\_\_

Date of application: \_\_\_\_\_  
Application Status:  AWARDED  DENIED  PENDING

**Source of financial aid #2:** \_\_\_\_\_

Date of application: \_\_\_\_\_  
Application Status:  AWARDED  DENIED  PENDING

**YOUR TOTAL INCOME \$** \_\_\_\_\_

**YOUR TOTAL FAMILY INCOME (your spouse included) \$** \_\_\_\_\_

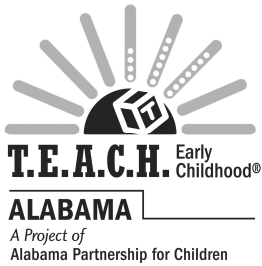
**Statement and Signature of Applicant**

I attest to the fact that the information that I have provided is true and accurate. Based on this information I am applying to Alabama Partnership for Children for a scholarship to help pay the cost of educational expenses.

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

\_\_\_\_\_  
Date

**PLEASE ATTACH A COPY OF YOUR MOST RECENT PAY STUB HERE**



# T.E.A.C.H. Early Childhood® Alabama Associate Degree Scholarship Application for Child Care Center Directors

## Center Participation Agreement

**(This agreement must be completed by the center chairperson/owner in order to process application)**

In the event that \_\_\_\_\_ (insert applicant's name) is awarded a scholarship, I understand that the center/home agrees to participate in one of the following ways. (Please check either option 1 or 2 to indicate which option you prefer).

### \_\_\_\_\_ Option #1-Raise Option

1. Pay 10% of the cost of tuition and books for courses totaling 9-15 credit hours at a local community college 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.
3. At the end of the contract, upon completion of 9-15 credit hours, issue a 2% raise based on the employee's current annual salary.

### \_\_\_\_\_ Option #2-Bonus Option

1. Pay 10% of the cost of tuition and books for courses totaling 9-15 credit hours at a local community college 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.
3. At the end of the contract, upon completion of 9-15 credit hours award a \$300 bonus to the scholarship employee.

Dept. of Human Resources License #: \_\_\_\_\_ County: \_\_\_\_\_

Center/Home Name: \_\_\_\_\_

Director's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Location Address:

\_\_\_\_\_  
\_\_\_\_\_ zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_

Mailing Address:

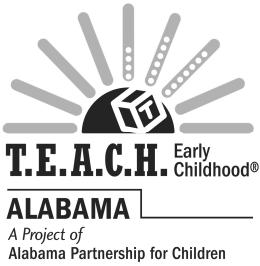
\_\_\_\_\_  
\_\_\_\_\_ zip \_\_\_\_\_

\_\_\_\_\_ zip \_\_\_\_\_

Please print name of director or chairperson/owner: \_\_\_\_\_

Signature of director or chairperson/owner: \_\_\_\_\_

Date: \_\_\_\_\_



**T.E.A.C.H. Early Childhood® Alabama  
Associate Degree Scholarship Application for  
Child Care Center Directors**

**To be completed by Center Director or Chairperson/Owner:**

**FOR ALL PROGRAMS:**

**Type:**  Center  Family Home  Family Group Home

**Center Auspices:**  Profit  Nonprofit  Head Start  
 Religious/Church  Public School

**Number of children licensed/registered to care for:** \_\_\_\_\_ **Number currently enrolled:** \_\_\_\_\_

**Is your center accredited?**  Yes  No

**If yes, by whom?** \_\_\_\_\_

**Please check all forms of funding your facility receives:**

- |   |   |
|---|---|
| <input type="checkbox"/> Head Start       | <input type="checkbox"/> Title I                    |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> IDEA                       |
| <input type="checkbox"/> State Head Start | <input type="checkbox"/> State Subsidies: Contracts |
| <input type="checkbox"/> State Pre-K      | <input type="checkbox"/> State Subsidies: Vouchers  |

**FOR HEAD START OR MULTI-SITE PROGRAMS:**

Is this child care program owned or managed by another organization?  Yes  No

If yes, give the parent company name/address:

Parent Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Return this application with income verification and DHR license to:**

T.E.A.C.H. Early Childhood® ALABAMA  
2595 Bell Road  
Montgomery, Alabama 36117

If you have any questions, please call 1-866-711-4025 (toll-free) or 334-271-0304.

[www.SmartStartAlabama.org](http://www.SmartStartAlabama.org)