

# T.E.A.C.H. Early Childhood® ARKANSAS Scholarship Application Child Care Center

- There are two sections of forms in this packet—forms pertaining to the scholarship applicant and forms pertaining to the child care employer (center). If you are the applicant, complete the first SIX pages. Your child care director/center owner will complete the last TWO pages.
- 2. Applicant must also submit a current paystub (dated within the past 30 days).
- 3. Any application with missing forms or blanks will be rejected.
- 4. Sign and date every place where indicated.
- 5. In addition to this application, BOTH the applicant and the center representative must complete and submit an IRS W-9 form. The W-9 can be downloaded at <a href="https://www.irs.gov/pub/irs-pdf/fw9.pdf">https://www.irs.gov/pub/irs-pdf/fw9.pdf</a>.
- 6. When all information is completed, mail all forms and documentation to:

T.E.A.C.H. Early Childhood ARKANSAS c/o AECA P.O. Box 4291 Fayetteville, AR 72702

7. For faster processing, you may scan all forms and documentation then email to <a href="mailto:teach@arkansasearlychildhood.org">teach@arkansasearlychildhood.org</a>.

#### T.E.A.C.H. Early Childhood® ARKANSAS Scholarship Application for Child Care Centers

Beginning date of employment:

# of children in Classroom: Current Hourly Wage:





(Rev. August 2022) Are you currently enrolled? ☐ Yes ☐ No Scholarship Start Date Requested: Fall Spring Summer Year:\_\_\_ **INFORMATION ABOUT YOU (all fields are required)** Name **Address** City, St, Zip County **Phone** Mobile (if different): Home: SSN **Email Date of Birth** (mm/dd/yyyy) Gender ☐ Male ☐ Female ☐ Non-binary **Ethnicity** ☐ Yes ☐ No ☐ Prefer not to answer Are you Latinx? ☐ White ☐ Black/African American Asian Native Hawaiian or Pacific Islander American Indian or Alaska Native Other, two or more races Other Prefer not to answer Information about Your Current Position in Early Childhood Education What is your ☐ Director Other current job Teacher Describe:\_ ☐ Assistant Teacher title? How long have you worked in Less than 2 years ☐ 6-10 years 2-5 years More than 10 years the field of early childhood? Infants (0-12 mos.) School-Age (6 yrs and up) What age groups do you teach? Toddler (13-36 mos.) ☐ I do not work directly with (please check all that apply) Preschool (37 mos.-5 yrs) children.

Hours Per Week: Months Per Year:

Applicant Name:					

#### INFORMATION ABOUT YOUR CHOSEN EDUCATION PATH AND GOALS

Choose the degree program and college you plan to attend:

AS	SOCIATE DEGREE AND CERTIFICATE PROGRAMS
	Associate of Applied Science (A.A.S) in Early Childhood Education
	Certificate of Proficiency in Early Childhood Education ( Add-on CDA Assessment)
	Technical Certificate in Early Childhood Education
	If you chose one of the programs above, please select your college:  Arkansas State University at Beebe (Campus Location: Beebe Heber Springs)  Arkansas State University at Newport (certificate only)  Northwest Arkansas Community College  Phillips Community College of the University of Arkansas  Southern Arkansas University (SAU) Tech – Camden (certificate only)  University of Arkansas Community College – Batesville  University of Arkansas Community College – Morrilton  University of Arkansas Community College – Rich Mountain (certificate only)  University of Arkansas at Fort Smith  University of Arkansas at Monticello College of Technology (McGehee & Crossett)  University of Arkansas Pulaski Technical College
П	Shorter College: Associate of Arts in Childhood Development
	Arkansas Tech University-Russellville: Associate of Science, Early Childhood
RΔ	CHELOR'S DEGREE PROGRAMS (must first have an associate degree or 60 credit hours)
	Arkansas State University-Jonesboro: Bachelor of General Studies (Preschool/Education emphasis),
H	Arkansas Tech University-Russellville: B.S., Organizational Leadership with Child Development
	concentration (Director and Assistant Director scholarships only)
П	Harding University: B.A., Birth-Kindergarten (Early Childhood/Special Education Integrated Licensure)
	University of Arkansas-Fayetteville: B.S., Human Environmental Sciences (Birth-Kindergarten Major)
	University of Arkansas at Fort Smith: B.S., Early Childhood Education (proposed for January 2023)
	University of Arkansas at Pine Bluff: B.S., Human Sciences/HDFS concentration
MA	STER'S DEGREE PROGRAMS <i>(must first have a bachelor's degree)</i>
П	Arkansas State University Jonesboro: M.S., Early Childhood Services
$\overline{\Box}$	Arkansas State University Jonesboro: M.S.E., Early Childhood Education
	Harding University: Master of Arts in Teaching (Early Childhood/Special Education Integrated Licensure)
3/4	PRE-K LICENSE ENDORSEMENT
(Fo	r currently licensed teachers. No K-6 licensure courses are included.)
	Arkansas State University Jonesboro University of Arkansas at Fort Smith
ОТ	HER:
	degree/credential must be specific to working with children birth to age 5.
	college/university must first be approved by T.E.A.C.H. Early Childhood® ARKANSAS prior to issuing a olarship.

Describe your current educa	ation:	
High School Diploma	Associate's Degree:	☐ Master's Degree:
☐GED	Major:	<del></del>
Certificate/Credential:	Bachelor's Degree:	Doctorate:
Area:	Major:	Field of Study:
Please check the option tha	t best describes your ed	ducational goals:
Earn an Early Childhood Cer Earn a Certificate of Proficie Earn an Early Childhood Ass	ency then continue to an Asso ociate Degree	sociate degree program.
Earn a Bachelor's Degree in Earn a Birth-Kindergarten of Earn a Master's Degree in Ea	the Early Childhood field r Pre-K Endorsement	er to a Bachelor's degree program.
How did you hear about T.E.		
☐ Presentation	My Center Director	AECA Website
Mailing	T.E.A.C.H. Recipient	Other (please specify):
College	Workshop	
ADDITIONAL INFOR	RMATION ABOUT YOUR BA	BACKGROUND AND EXPERIENCE
Which of the following creder	ntials and specializations d	do you currently hold?
☐ CDA: Infant/Toddler		Specialization: Bi-Lingual (language:
CDA: Preschool		
CDA: Family Child Care I	Home	[State] Issued Credential
CDA: Home Visitor		<ul><li>Post BA (state teaching license)</li><li>None of these apply</li></ul>
Have you taken any college c ☐ YES ☐ NO	ourses in the past two yea	ears?
Have you taken any ECE cred  YES how many?  NO (enter zero into 'ho		,
Are you CPR/First Aid Certifie ☐ YES ☐ NO	d?	

Applicant Name:\_

Which languages can you speak flo	Korean Lao Persian Polish Portuguese Russian Spanish Swahili Tagalog		Thai Tribal: Urdu Vietnamese Yiddish Other:	
Camily Structure				
<u>Family Structure</u>	obold?	Number	Relationship	
How many people live in your hous	enola?		Parents	
			Siblings	
Have either of your parents or any	of your brothers		Spouse/Significant Other	
Have either of your parents or any of your brothers			Children	
or sisters attended college?			Other	
□ NO				
Do either of your parents or any of  YES NO  Have you applied for any of the fol  PELL Grant Scho	lowing financial aic		college degree?	
YO	UR STATEMENT &	SIGNATURE		
I am applying for a T.E.A.C.H. Early higher education in early childhood accurate. I understand any omissic application or revocation of schola	Childhood ARKANS d. I attest that all ir on or incorrect info	SAS scholars oformation th	nip to help cover the cost of my nat I have provided is true and	
Signature of Applicant		<del></del>	Date	

Applicant Name:\_\_

Applicant Name:
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### T.E.A.C.H. Early Childhood® ARKANSAS Income Statement

#### Complete all fields. Blank forms will be rejected.

Applicant Name:
Job #1 Employer Gross Earnings: \$ Hours/Week Gross Earnings: \$ How often are you paid?
Job #2 Employer Gross Earnings: \$ Hours/Week Gross Earnings: \$ How often are you paid?
YOUR MONTHLY INCOME \$  TOTAL MONTHLY INCOME (spouse included*) \$  (*Eligibility is only determined using applicant income.)
Have you applied for any other financial aid (such as Pell Grants, other scholarships or student loans)?
Source of Financial Aid #1  Date of application  Application Status:
Source of Financial Aid #2  Date of application  Application Status: AWARDED DENIED PENDING

APPLICANT MUST INCLUDE A PAYSTUB DATED WITHIN THE LAST 30 DAYS WITH THIS APPLICATION.

Applicant Name	· ·
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### T.E.A.C.H. Early Childhood® ARKANSAS Recipient Personal Responsibilities Agreement – Child Care Center Model

This is an agreement between T.E.A.C.H. Early Childhood® ARKANSAS and the scholarship recipient. Please read carefully and then sign this agreement. Both your official Contract (Form A) AND this Agreement must be signed and on file before any reimbursements or charge approvals will take place.

You should be proud of your decision to go to school and get your degree or credential. And we are happy you have chosen to apply for a T.E.A.C.H. Early Childhood® Scholarship! You are investing in your own future and increasing your education. This scholarship represents an amazing opportunity – a debt free college education. This benefit to you comes with various responsibilities should you be approved. This is a great opportunity that should be taken seriously.

As a T.E.A.C.H. Early Childhood® Scholarship Recipient, I will:

- attend class, study, work hard and be a responsible student
- regularly communicate with my counselor. I understand my counselor is available to guide me through the process of attending college and balancing my school, work & family responsibilities
- submit the following items timely each semester:
   \_\_\_\_Preauthorization form listed registered courses
   \_\_\_\_Printout of official schedule
   \_\_\_\_Form B and book receipts;
- if my model includes paid release time, I will sign the Form C's, be sure my director signs the Form C and help get it submitted for reimbursement
- contact my scholarship counselor immediately regarding any changes to my employment, courses being taken, college enrollment status, or if I am having difficulty in meeting my course/college requirements or scholarship contract
- submit my grades within 30 days of the close of the semester. (I understand keeping my scholarship record up to date is critical to ensuring that I can continue my education without unnecessary delays.)
- pay my required portion of tuition, fees and books (5%) unless covered by other financial aid or other reimbursement. I will pay bills from T.E.A.C.H. and/or my college in a timely manner. It is my responsibility to ensure that I am meeting all my obligations
- remain employed with my current sponsor/employer at least 20 hours per week and continue
   employment with my sponsor for at least one year after the completion of the education contract.

Signature of Recipient	Date Signed	
Recipient: Print Name		

#### (Rev. October 2018) Department of the Treasury Internal Revenue Service

#### **Request for Taxpayer Identification Number and Certification**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

2	Business name/disregarded entity name, if different from above			
Print or type.  Specific Instructions on page 3.	Check appropriate box for federal tax classification of the person whose following seven boxes.  Individual/sole proprietor or C Corporation S Corporation single-member LLC  Limited liability company. Enter the tax classification (C=C corporation Note: Check the appropriate box in the line above for the tax classification (C=C corporation note).	tion Partnership  n, S=S corporation, P=Partnership ration of the single-member own	Trust/estate  nip) ▶ ner. Do not check	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any)  Exemption from FATCA reporting
Print fic Inst	LLC if the LLC is classified as a single-member LLC that is disregarded another LLC that is <b>not</b> disregarded from the owner for U.S. federal ta is disregarded from the owner should check the appropriate box for the owner should be of the owner should be appropriate box for the owner should be of the owner should be owner should be owner should be of the owner should be	ax purposes. Otherwise, a single	e-member LLC that	code (if any)
. S	Other (see instructions) ▶			(Applies to accounts maintained outside the U.S.)
See	Address (number, street, and apt. or suite no.) See instructions.  City, state, and ZIP code		Requester's name a	nd address (optional)
ľ	City, state, and Zir Code			
7	List account number(s) here (optional)			
Part I	Taxpayer Identification Number (TIN)			
		nama aiyan an lina 4 ta ayai	Social sec	curity number
	ur TIN in the appropriate box. The TIN provided must match the withholding. For individuals, this is generally your social security			
	alien, sole proprietor, or disregarded entity, see the instructions		a	
	it is your employer identification number (EIN). If you do not have		a	
IN, late		·	or	
lote: If t	the account is in more than one name, see the instructions for lin	e 1. Also see What Name ar	nd Employer	identification number
	To Give the Requester for guidelines on whose number to enter.			
Part II	Certification			
nder pe	enalties of perjury, I certify that:			
. I am n Servic	umber shown on this form is my correct taxpayer identification no ot subject to backup withholding because: (a) I am exempt from e (IRS) that I am subject to backup withholding as a result of a fa ger subject to backup withholding; and	backup withholding, or (b) I	have not been n	otified by the Internal Revenue
	U.S. citizen or other U.S. person (defined below); and			
I am a				
	ATCA code(s) entered on this form (if any) indicating that I am exc	empt from FATCA reporting	is correct.	
E. The FACE THE POUR HAVE TO THE POUR T		n notified by the IRS that you l estate transactions, item 2 coutions to an individual retirer	are currently subj loes not apply. Fo ment arrangement	r mortgage interest paid, (IRA), and generally, payments
E. The FACE THE POUR HAVE TO THE POUR T	ATCA code(s) entered on this form (if any) indicating that I am exition instructions. You must cross out item 2 above if you have bee failed to report all interest and dividends on your tax return. For real on or abandonment of secured property, cancellation of debt, contrib	n notified by the IRS that you l estate transactions, item 2 c outions to an individual retirer n, but you must provide your	are currently subj loes not apply. Fo ment arrangement	r mortgage interest paid, (IRA), and generally, payments
The FA ertification have equisition ther that lign lere	ATCA code(s) entered on this form (if any) indicating that I am exition instructions. You must cross out item 2 above if you have bee failed to report all interest and dividends on your tax return. For rea on or abandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the certification.  Signature of U.S. person	n notified by the IRS that you l estate transactions, item 2 co outions to an individual retirer n, but you must provide your Da	are currently subj does not apply. Fo ment arrangement correct TIN. See t	r mortgage interest paid, (IRA), and generally, payments
The FA	ATCA code(s) entered on this form (if any) indicating that I am exition instructions. You must cross out item 2 above if you have bee failed to report all interest and dividends on your tax return. For real on or abandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the certification.  Signature of	n notified by the IRS that you l estate transactions, item 2 co outions to an individual retirer n, but you must provide your Da	are currently subj does not apply. Fo ment arrangement correct TIN. See t	r mortgage interest paid, (IRA), and generally, payments he instructions for Part II, later.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Applicant Name:	
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# T.E.A.C.H. Early Childhood® ARKANSAS Scholarship Application for Child Care Centers Participation Agreement Page

#### THIS FORM MUST BE COMPLETED AND SIGNED BY THE CHILD CARE PROGRAM/EMPLOYER.

The Early Childhood Scholarship Program ARKANSAS require the sponsorship of ea		=	
In the event		(name) is awarded	d a scholarship
I understand the center agrees to particip	pate as follow	S:	
<ul> <li>Maintain a provisional or regular Arka</li> <li>Pay 5% of the cost of tuition and fees</li> <li>Pay 5% of the cost of books each ser</li> <li>Provide paid release time each week equal to the number of credit hours t six hours per week. Release time will</li> <li>Pay a \$300 bonus upon recipient's six</li> </ul>	s each semeste mester; for the scholar the employee is be provided wl	r for courses totaling at least 9 ship employee (the amount of taking for the semester, up to nen classes are in session); and	release time is a maximum of
Name of Child Care Center		License Numbe	er
Address	City	County	Zip
For Teachers/Assistant Teacher Schol	larships:		
Name of Child Care Center		Signature of Director/	Owner
Date Signed			
For Director Scholarships:			
Name of Child Care Center		Signature of Owner/Bo	oard Chair

## T.E.A.C.H. Early Childhood® ARKANSAS SPONSORING CHILD CARE CENTER PROFILE To be completed by the Child Care Center Director or Owner

_icense #	County
Director's Name	Today's Date
Director's E-mail Address	
Physical Location Address:	Mailing Address (if different):
	Zip
Phone ( )	•
s the center managed or owned by another f yes, please provide the following information	on for the owner organization or central office:
	Should bills, invoices and payments be sent to the

#### (Rev. October 2018) Department of the Treasury Internal Revenue Service

#### **Request for Taxpayer Identification Number and Certification**

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Give Form to the requester. Do not send to the IRS.

2	2 Business name/disregarded entity name, if different from above				
Specific Instructions on page 3.	Check appropriate box for federal tax classification of the person whose following seven boxes.  Individual/sole proprietor or C Corporation S Corporation single-member LLC  Limited liability company. Enter the tax classification (C=C corporation Note: Check the appropriate box in the line above for the tax classification (C=C corporation note).	n, S=S corporation, P=Partnersication of the single-member own	Trust/estate  hip) ▶ ner. Do not check	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any)  Exemption from FATCA reporting	
fic Inst	LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		code (if any)		
. <u>C</u>	Other (see instructions) ▶			(Applies to accounts maintained outside the U.S.)	
See	Address (number, street, and apt. or suite no.) See instructions.  City, state, and ZIP code		Requester's name a	nd address (optional)	
7	List account number(s) here (optional)				
Part I	Taxpayer Identification Number (TIN)				
	ur TIN in the appropriate box. The TIN provided must match the	name given on line 1 to avo	id Social sec	curity number	
	withholding. For individuals, this is generally your social security				
	alien, sole proprietor, or disregarded entity, see the instructions		~		
	it is your employer identification number (EIN). If you do not have		a LLL		
IN, later	r.		or		
lote: If t	the account is in more than one name, see the instructions for line 1. Also see What Name and Employer		identification number		
	To Give the Requester for guidelines on whose number to enter.				
			1 1 1	-	
Part II	Certification				
_					
nder pe	enalties of perjury, I certify that:				
. I am n Servic	umber shown on this form is my correct taxpayer identification no ot subject to backup withholding because: (a) I am exempt from e (IRS) that I am subject to backup withholding as a result of a fa ger subject to backup withholding; and	backup withholding, or (b) I	have not been n	otified by the Internal Revenue	
I am a	U.S. citizen or other U.S. person (defined below); and				
	U.S. citizen or other U.S. person (defined below); and ATCA code(s) entered on this form (if any) indicating that I am exc	empt from FATCA reporting	is correct.		
The FACE THE THE THE THE THE THE THE THE THE TH		n notified by the IRS that you I estate transactions, item 2 coutions to an individual retire	are currently subj does not apply. Fo ment arrangement	r mortgage interest paid, (IRA), and generally, payments	
. The FA certification have cquisition	ATCA code(s) entered on this form (if any) indicating that I am exition instructions. You must cross out item 2 above if you have bee failed to report all interest and dividends on your tax return. For real on or abandonment of secured property, cancellation of debt, contrib	n notified by the IRS that you l estate transactions, item 2 c outions to an individual retirer n, but you must provide your	are currently subj does not apply. Fo ment arrangement	r mortgage interest paid, (IRA), and generally, payments	
The FA ertification have equisition ther that lign lere	ATCA code(s) entered on this form (if any) indicating that I am exition instructions. You must cross out item 2 above if you have bee failed to report all interest and dividends on your tax return. For rea on or abandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the certification.  Signature of U.S. person	n notified by the IRS that you l estate transactions, item 2 coutions to an individual retirer n, but you must provide your	are currently subj does not apply. Fo ment arrangement correct TIN. See t	r mortgage interest paid, (IRA), and generally, payments	
The FA ertification have equisition her than ere	ATCA code(s) entered on this form (if any) indicating that I am exition instructions. You must cross out item 2 above if you have bee failed to report all interest and dividends on your tax return. For real on or abandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the certification.  Signature of	n notified by the IRS that you l estate transactions, item 2 coutions to an individual retirer n, but you must provide your	are currently subj does not apply. Fo ment arrangement correct TIN. See t	r mortgage interest paid, (IRA), and generally, payments he instructions for Part II, later.	

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