



T.E.A.C.H. Early Childhood® ARKANSAS

Scholarship Application

Child Care Center

1. 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 <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.
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 teach@arkansasearlychildhood.org.

Date: _____

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	Home:	Mobile (if different):	
SSN			
Email			
Date of Birth	(mm/dd/yyyy)	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary

Ethnicity

Are you Latinx? Yes No Prefer not to answer

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander | |
| <input type="checkbox"/> Other, two or more races | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Prefer not to answer | | |

Information about Your Current Position in Early Childhood Education

What is your current job title?	<input type="checkbox"/> Director <input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher	<input type="checkbox"/> Other Describe: _____
How long have you worked in the field of early childhood?	<input type="checkbox"/> Less than 2 years <input type="checkbox"/> 2-5 years	<input type="checkbox"/> 6-10 years <input type="checkbox"/> More than 10 years
What age groups do you teach? (please check all that apply)	<input type="checkbox"/> Infants (0-12 mos.) <input type="checkbox"/> Toddler (13-36 mos.) <input type="checkbox"/> Preschool (37 mos.-5 yrs)	<input type="checkbox"/> School-Age (6 yrs and up) <input type="checkbox"/> I do not work directly with children.

Beginning date of employment: _____ Hours Per Week: _____
 # of children in Classroom: _____ Months Per Year: _____
 Current Hourly Wage: \$ _____

INFORMATION ABOUT YOUR CHOSEN EDUCATION PATH AND GOALS

Choose the degree program and college you plan to attend:

ASSOCIATE 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
-
- Shorter College: Associate of Arts in Childhood Development
 - Arkansas Tech University-Russellville: Associate of Science, Early Childhood

BACHELOR’S DEGREE PROGRAMS (must first have an associate degree or 60 credit hours)

- Arkansas State University-Jonesboro: Bachelor of General Studies (Preschool/Education emphasis),
- Arkansas Tech University-Russellville: B.S., Organizational Leadership with Child Development concentration *(Director and Assistant Director scholarships only)*
- 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

MASTER’S DEGREE PROGRAMS (must first have a bachelor's degree)

- Arkansas State University Jonesboro: M.S., Early Childhood Services
- 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

(For currently licensed teachers. No K-6 licensure courses are included.)

- Arkansas State University Jonesboro
- University of Arkansas at Fort Smith

OTHER:

The degree/credential must be *specific* to working with children birth to age 5.

The college/university must first be approved by T.E.A.C.H. Early Childhood® ARKANSAS prior to issuing a scholarship.

Applicant Name: _____

Describe your current education:

- | | | |
|---|--|--|
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Associate's Degree:
Major: _____ | <input type="checkbox"/> Master's Degree:
Major: _____ |
| <input type="checkbox"/> GED | <input type="checkbox"/> Bachelor's Degree:
Major: _____ | <input type="checkbox"/> Doctorate:
Field of Study: _____ |
| <input type="checkbox"/> Certificate/Credential:
Area: _____ | | |

Please check the option that best describes your educational goals:

- Take a few early childhood courses to obtain or upgrade job-related skills
- Earn an Early Childhood Certificate of Proficiency/CDA
- Earn a Certificate of Proficiency then continue to an Associate degree program.
- Earn an Early Childhood Associate Degree
- Earn an Early Childhood Associate Degree then continue to a Bachelor's degree program.
- Earn a Bachelor's Degree in the Early Childhood field
- Earn a Birth-Kindergarten or Pre-K Endorsement
- Earn a Master's Degree in Early Childhood Education
- Other: _____

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

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Presentation | <input type="checkbox"/> My Center Director | <input type="checkbox"/> AECA Website |
| <input type="checkbox"/> Mailing | <input type="checkbox"/> T.E.A.C.H. Recipient | <input type="checkbox"/> Other (please specify):
_____ |
| <input type="checkbox"/> College | <input type="checkbox"/> Workshop | |

ADDITIONAL INFORMATION ABOUT YOUR BACKGROUND AND EXPERIENCE

Which of the following credentials and specializations do you currently hold?

- | | |
|--|---|
| <input type="checkbox"/> CDA: Infant/Toddler | <input type="checkbox"/> Specialization: Bi-Lingual (language: _____) |
| <input type="checkbox"/> CDA: Preschool | <input type="checkbox"/> [State] Issued Credential |
| <input type="checkbox"/> CDA: Family Child Care Home | <input type="checkbox"/> Post BA (state teaching license) |
| <input type="checkbox"/> CDA: Home Visitor | <input type="checkbox"/> None of these apply |

Have you taken any college courses in the past two years?

- YES NO

Have you taken any ECE credits in the past two years?

- YES how many? _____
 NO (enter zero into 'how many?')

Are you CPR/First Aid Certified?

- YES NO

Applicant Name: _____

Which languages can you speak fluently?

- | | | |
|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Korean | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Lao | <input type="checkbox"/> Tribal: _____ |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Persian | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Creole | <input type="checkbox"/> Polish | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> English | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> French | <input type="checkbox"/> Russian | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Spanish | |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Swahili | |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Tagalog | |

What is your preferred language for learning? _____

Family Structure

How many people live in your household?

<i>Number</i>	<i>Relationship</i>
	Parents
	Siblings
	Spouse/Significant Other
	Children
	Other

Have either of your parents or any of your brothers or sisters attended college?

- YES
 NO

Do either of your parents or any of your brothers or sisters have a college degree?

- YES NO

Have you applied for any of the following financial aid?

- PELL Grant Scholarships Student Loans

YOUR STATEMENT & SIGNATURE

I am applying for a T.E.A.C.H. Early Childhood ARKANSAS scholarship to help cover the cost of my higher education in early childhood. I attest that all information that I have provided is true and accurate. I understand any omission or incorrect information may be grounds for rejection of application or revocation of scholarship.

Signature of Applicant

Date

Applicant Name: _____

**T.E.A.C.H. Early Childhood® ARKANSAS
Income Statement**

Complete all fields. Blank forms will be rejected.

Applicant Name: _____

Job #1 Employer _____

Hours/Week _____ Gross Earnings: \$ _____

How often are you paid? Weekly Biweekly Twice monthly Monthly

If you work less than 12 months per year, are you still paid over 12 months? Yes No

Job #2 Employer _____

Hours/Week _____ Gross Earnings: \$ _____

How often are you paid? Weekly Biweekly Twice monthly Monthly

If you work less than 12 months per year, are you still paid over 12 months? Yes No

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)?

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

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

Applicant Name: _____

**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
 - _____Printout of estimated tuition and fees _____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

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

Child Care Center _____

License # _____ County _____

Director's Name _____ Today's Date _____

Director's E-mail Address _____

Physical Location Address:

Mailing Address (if different):

 _____ Zip _____
 Phone () _____

 _____ Zip _____

Is the center managed or owned by another agency/organization? Yes No
 If yes, please provide the following information for the owner organization or central office:

Name _____
 Address _____
 _____ Zip _____
 Phone () _____

← { **Should bills, invoices and payments be sent to the central office?** Yes No

<p>Better Beginnings Level</p> <p><input type="checkbox"/> Currently do not participate</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6</p> <p>Nationally Accredited (NAEYC)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a current voucher participation agreement with DHS?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--

<p style="text-align: center;">Type of Agency (check all that apply)</p> <p><input type="checkbox"/> Private For-Profit <input type="checkbox"/> Non-profit</p> <p><input type="checkbox"/> Sole Proprietorship</p> <p><input type="checkbox"/> Partnership <input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Head Start <input type="checkbox"/> Public School</p> <p><input type="checkbox"/> Faith-based <input type="checkbox"/> State Pre-K</p> <p>License Capacity _____</p> <p>Currently Enrolled _____</p>
--

Funding Sources Received: Head Start
 (check all that apply) CCDF Pre-K

Early Head Start State PreK (ABC)
 IDEA/Medicaid Vouchers

