



T.E.A.C.H. EARLY CHILDHOOD® SOUTH CAROLINA SCHOLARSHIP APPLICATION

Return application with requested information to:
 Center for Child Care Career Development ♦ PO Box 5616, Greenville, SC 29606-5616
 Toll-Free 1-866-845-1555 ♦ Office 864-250-8581 ♦ Fax 864-516-1844

WHAT SCHOLARSHIP ARE YOU CURRENTLY APPLYING FOR? (Select only ONE)

Early Childhood Credential — ECD 101 or School-Age Credential — SAC 101

The following item MUST be attached

Proof of Income—pay stub showing weekly hours and rate of pay OR letter from Director stating weekly hours and rate of pay.

Associate Degree in Early Care and Education

(Includes Level 2 and Level 3 Credentials, Certificate, Diploma and/or AA/AAS in Early Childhood)

The following items MUST be attached

Proof of Income—pay stub showing weekly hours and rate of pay OR letter from Director stating weekly hours and rate of pay.

Proof you applied for financial aid—award letter or confirmation statement (apply at www.fafsa.gov).

Bachelor Degree in Early Care and Education

The following items MUST be attached

Proof of Income—pay stub showing weekly hours and rate of pay OR letter from Director stating weekly hours and rate of pay.

Proof you applied for financial aid—award letter or confirmation statement (apply at www.fafsa.gov).

Admission letter from participating university.

Transcript evaluation indicating the number of transfer credits the college/university is accepting.

1. SSN	Today's Date	
2. Name	Preferred Name:	
3. Phone Number	Cell:	Home:
4. E-mail		
5. Address		
6. City, State, Zip		
7. County		
8. Birthdate	(Month/Day/Year) _____ / _____ / _____	9. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male

10. Do you consider yourself...? (Select only ONE)

African American American Indian or Alaska Native Asian Indian Caucasian Chinese Filipino

Guamanian or Chamorro Japanese Korean Native Hawaiian Samoan Vietnamese

Other Asian: _____ Other Pacific Islanders: _____ Other race: _____

11. Ethnicity: Are you of Hispanic, Latino or Spanish origin? (Select only ONE)

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

12. How did you find out about the T.E.A.C.H. EARLY CHILDHOOD® Project? (Select only ONE)

My Center Director Workshop Mailing Website College/University Staff Presentation CCR&R Agency

CCCC Head Start County First Steps State Office of First Steps DSS Monitor ABC Monitor CDEP

T.E.A.C.H. Recipient (name) _____ Other _____

13. What is your current job title? (Select only ONE)

Teacher Assistant Teacher Floater Director Assistant Director Owner Owner/Director Administrator

	14. Beginning date of employment in current work place. _____ / _____ / _____ Month / Day / Year (REQUIRED)	
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15. How many months per year do you work? _____
16. How many children are in your classroom or child care home? _____
17. How long have you worked in the field of early childhood? Less than 2 years 2-5 years 6-10 years 10+ years
18. What age group(s) do you teach? (Select ALL that apply)
 0-11 months 1-yr olds 2-yr olds 3-yr olds 4-yr olds 5-yr olds Preschool School-Age Administration
19. Please list the name of the college/university you plan on attending. _____
20. Are you currently enrolled at a technical/community college? YES NO
21. Which SEMESTER/YEAR would you like your scholarship to start? (Select only ONE)
 Spring (January–May) Summer (May and/or June–August) Fall (August–December) Year _____
22. Please check the box that best describes your educational history: (Select only ONE)
 No High School Diploma Associate Degree
 High School Diploma/GED Bachelor Degree
 High School Diploma and Credit(s) toward a 2-yr degree Master's Degree
 1-year Certificate Doctorate Degree
23. Please check the one that best describes your educational goals: (Select only ONE)
 Earn an Early Childhood Credential or School-Age Credential
 Earn an Early Childhood, Infant/Toddler, or School-Age Certificate
 Earn an Early Childhood Associate Degree
 Take a few Early Childhood courses to obtain or upgrade job-related skills
 Earn an Early Childhood Associate Degree and transfer to a four-year college/university to earn a Bachelor Degree
24. Family Structure (Select only ONE)
 Single, No children Married, No children Single Parent or Grandparent Married Parent or Grandparent
25. How many people live in your household including yourself? _____
26. What language(s) can you speak fluently? _____
27. What is your preferred language? _____
28. Have you taken any college courses in the last two years? Yes No
29. Have you taken Early Childhood Education Courses in the past two years? Yes No If so, how many? ___
30. Did your parents or siblings attend college? Yes No
31. Do your parents or siblings have a college degree? Yes No
32. Are you certified in CPR and First Aid? Yes No
33. Which of the following credentials or specializations do you currently hold?
 CDA: Infant/Toddler Specialization: Bilingual (language _____)
 CDA: Preschool SC State Issued Credential
 CDA: Home Visitor Post BA (state teaching license)
 CDA: Family Child Care Home None/Not Applicable

Applicant Agreement Statement: (Check only ONE)

- As a **TEACHER** or **DIRECTOR AS AN EMPLOYEE**, I am aware that I must pay 5% of the cost of tuition, fees and books.
 OR
- As an **OWNER-DIRECTOR**, I am aware that I must pay 10% of the cost of tuition, fees and books.
 OR
- As a **FAMILY/GROUP PROVIDER**, I am aware that I must pay 10% of the cost of tuition, fees and books.
 (Please skip page 3 and complete page 4.)

Signature of Applicant _____

CENTER FACILITY INFORMATION

To be completed by facility owner/director/regional supervisor

DSS License/Registration Number: _____

Center Type: Profit Nonprofit Head Start

Center Name: _____

Mailing Address: _____
Street/PO Box City State Zip

Phone Number: _____ Fax Number: _____

Number of Children Your Center is Licensed For: _____ Number of Children Currently Enrolled: _____

Center Director E-mail: _____

Is your child care program managed by another organization? Yes No *If yes, please provide us with the contact information.*

Organization Name/Contact Person/Phone Number: _____

Billing Address: _____
Street/PO Box City State Zip

CENTER AGREEMENT STATEMENT

Select only ONE Scholarship option by checking the box

Credential Scholarship

ECD 101 or SAC 101

Pay 5% of the cost of tuition/fees/and textbooks.

Associate Degree Scholarship

(Includes Credential, Certificate and Diploma Programs)

Option A—2% Salary Raise for each completed contract year (once a year)

Pay 5% of tuition/fees/textbooks and provide weekly release time**

Option B—\$300 Salary Bonus for each completed contract (once a year)

Pay 5% of tuition/fees/textbooks and provide weekly release time**

Option C—T.E.A.C.H. will pay the center's portion of the yearly compensation

Pay 20% of tuition/fees/textbooks and provide weekly release time**

Bachelor Degree Scholarship

(Includes BA/BS degrees that do lead to initial Teacher certification and degrees that DO NOT lead to Teacher certification)

Option A—4% Salary Raise for each completed contract year (once a year)

Pay 5% of tuition/fees/textbooks and provide weekly release time**

Option B—\$600 Salary Bonus for each completed contract (once a year)

Pay 5% of tuition/fees/textbooks and provide weekly release time**

Option C—T.E.A.C.H. will pay the center's portion of the yearly compensation

Pay 20% of tuition/fees/textbooks and provide weekly release time**

Directors, Assistant Directors and Center Owners are NOT eligible for weekly release time.

Signature of Owner/Director/Regional Supervisor

Printed Name

FAMILY/GROUP HOME INFORMATION

To be completed by family/group providers ONLY

- Proof of income**
- Copies of receipts from each of the children in your care
 - OR**
 - Letter detailing your weekly rate and names of the children you serve
- Reimbursement receipts (if applicable)**
- Child & Adult Care Food Program
 - DSS/SC Child Care Program Subsidy

SECTION A FACILITY INFORMATION

DSS License/Registration Number: _____

Facility Type: Family Group

Facility Name: _____

Mailing Address: _____
Street/PO Box

City State Zip

Phone Number: _____

Fax Number: _____

Facility E-mail: _____

SECTION B INCOME WORKSHEET

Instructions: This sheet is to help you determine your monthly earnings from your family/group child care home. Base your answers on last month's receipts.

* Attach receipts to verify income.

1. * What is the total amount paid to you by parents each week? _____

2. Total Monthly Parent Fees
(Line 1 X 4.33 = Monthly Fees) _____

3. * How much was your Child & Adult Care Food Program Reimbursement? _____

4. * How much was the DSS or SC Child Care Program Subsidy for children in your care? _____

5. Total Monthly Revenue
(Add lines 2, 3, and 4) _____

6. How many hours do you work per week? _____

How much did you spend for children in your child care home last month? Expenses can include, but are not limited to, food, toys, assistance/substitute care, crafts/supplies, transportation, training fees, gifts for children and families, etc. You are NOT required to submit receipts.

7. Total Monthly Expenses _____

Revenue (Line 5)	—	Expenses (Line 7)	=	Monthly Earnings
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