



Indiana Association for the Education of Young Children  
**T.E.A.C.H. Early Childhood® INDIANA Scholarship Application**



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

<b>Name</b>		
<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>County:</b>		
<b>Home Phone</b> (    )	<b>Cell Phone</b> (    )	<b>Work Phone</b> (    )
<b>SSN:</b>	<b>Date of Birth:</b>	<b>Gender:</b> Female    Male
<b>Email:</b>		
<b>Family:</b> Married    Single    other: _____		<b>How many in household:</b> _____

**Employment Status:**

<b>Date of Hire:</b> _____	<b>Rate of pay</b> \$ _____/hour	<b>Hours worked per week</b> _____
<b>What is your current job title?</b> <i>(check one)</i>	<input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> Other: _____	<input type="checkbox"/> Assistant Director <input type="checkbox"/> Director <input type="checkbox"/> Other _____
<b>What age groups do you teach?</b> <i>(please check all that apply)</i>	<input type="checkbox"/> Infants (0-12 Months) <input type="checkbox"/> Toddler (13-36 Months)	<input type="checkbox"/> Preschool (37 Months - PreK) <input type="checkbox"/> School Age <b>How many children in your class:</b> _____
<b>How long have you worked in the field of early childhood?</b>	<input type="checkbox"/> Less than 2 Years <input type="checkbox"/> 2-5 Years	<input type="checkbox"/> 6-10 years <input type="checkbox"/> 10+ years

Scholarship Model Applying for (MUST MARK ONLY ONE)

- |   |   |
|---|---|
| <input type="checkbox"/> CDA –Child Development Associate           | <input type="checkbox"/> Early Childhood Administrator Credential/Certificate       |
| <input type="checkbox"/> Early Childhood Associate Degree           | <input type="checkbox"/> Early Childhood Equivalency (have degree in another field) |
| <input type="checkbox"/> Early Childhood Bachelor Degree            | <input type="checkbox"/> Master Teacher Credential                                  |
| <input type="checkbox"/> Early Childhood Infant Toddler Certificate | <input type="checkbox"/> Early Childhood Master Degree                              |

Which community college/ university would you like to attend? \_\_\_\_\_

Are you currently enrolled at a community college/university?    Yes    No

I have completed any placement testing required:    Yes    No - Date it is scheduled: \_\_\_\_\_

When would you like your scholarship to begin? (Circle one) **FALL** (Aug-Dec) **SPRING** (Jan-May) (year) \_\_\_\_\_

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I have completed my FAFSA Application:  Yes  NO

Ethnicity

**Are you of Hispanic, Latino or Spanish origin?**

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

**Do you consider yourself....?**

- White  Native Hawaiian  Samoan  
 Black, African American  Chinese  Other Asian: \_\_\_\_\_  
 American Indian or Alaska Native  Korean  Other Pacific Islander: \_\_\_\_\_  
 Asian Indian  Guamanian or Chamorro  \_\_\_\_\_  
 Japanese  Filipino  Other race: \_\_\_\_\_  
 Vietnamese

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

- Presentation  My Center Director  Other (please specify): \_\_\_\_\_  
 Mailing  T.E.A.C.H. Recipient \_\_\_\_\_  
 CCR&R Agency  Workshop \_\_\_\_\_  
 College  Website \_\_\_\_\_

**Please CHECK the box that best describes your educational history:**

- No high school diploma  Associate Degree  Masters : \_\_\_\_\_  
 High school diploma/GED Major: \_\_\_\_\_  Major: \_\_\_\_\_  
 CDA Credential-current  Bachelor Degree  Doctorate  
Major: \_\_\_\_\_

**Please CHECK ONE that best describes your educational goals at this time:**

- Earn Infant Toddler Credential/Certificate  
 Earn Early Childhood Administrator Credential/Certificate  
 Take a few early childhood courses to meet early childhood education equivalency  
 Earn an Early Childhood Associate Degree (Associate of Applied Science)  
 Earn an Early Childhood Associate Degree and transfer to a four-year college/university to earn a Bachelor's Degree (TSAP)  
 Earn a Bachelor Degree in Early Childhood Education with teaching licensure  
 Earn a Bachelor Degree in Early Childhood Education (non-licensure)  
 Earn a Bachelor Degree in Child Development  
 Earn a Master's Degree in Early Childhood Education/Child Development  
 Earn a Master Teacher Credential (graduate level)

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Statement of Income

<p><b>Statement of Income – To be completed by ALL APPLICANTS</b>          Instructions: List sources of income available to you. <u>For your source of income, you must provide a copy of verification of that income.</u> A statement from your employer indicating your weekly working hours and rate of pay (on center letterhead) or copies of all your pay stubs for the last 30 days will verify earnings. <b>Family child care home providers must also complete the Statement of Income on the right, along with legal documentation of income.</b></p> <p>A. Earnings Job #1      \$_____ per HOUR</p> <p>B. Employer #1 (enter name of current employer, address with zip code) _____</p> <p>C. Number of hours worked per week: _____</p> <p>D. Earnings Job #2      \$_____ per HOUR</p> <p>E. Name of Employer #2 (enter name of current employer, address with zip code) _____</p> <p>F. Number of hours worked per week: _____</p> <p>G. Are you currently a student?    <input type="checkbox"/> YES *    <input type="checkbox"/> NO          *If YES, answer QUESTIONS H through J          If NO, go to Question K</p> <p>H. Scholarship/Grant #1: \$ _____</p> <p>I. Scholarship/Grant #2: \$ _____</p> <p>J. Student Loan: \$ _____</p> <p>H. Child support/alimony:      \$ _____</p> <p>I. TANF/Supplemental Security Income      \$ _____</p> <p>K. YOUR Total Income:      \$ _____</p> <p>N. Total FAMILY income: \$ _____          (include your spouse – documentation not required)          Per: (circle one) MONTH YEAR</p>	<p><b>Family Child Care Providers</b>  <b>Statement of Income – Additional information to be completed by Family Child Care Providers</b>          Instructions: This sheet is to help you determine your monthly earnings from your family child care home. Base your answers on last month's receipts. Special instructions are in italics.  <b>REMEMBER: You MUST include verification of your income</b>, such as copies of your Schedule C (taxes), receipts from each child in your care or a statement detailing your weekly rate and the number of children in your care.</p> <p>1. What is the total amount paid to you by parents each week?  <i>Do not include CCDF Voucher Payments</i>      \$ _____</p> <p>2. Total MONTHLY parent fees –  <i>Multiply Line 1 by 4.33 (weeks per month)</i>      \$ _____</p> <p>3. Total Monthly USDA Child &amp; Adult Care Food Program reimbursement?      \$ _____</p> <p>4. Total Monthly subsidy reimbursement for children in your care?  <i>(Include CCDF Voucher Payments HERE)</i>      \$ _____</p> <p>5. TOTAL MONTHLY REVENUE (Add lines 2, 3 &amp; 4) = \$ _____</p> <p><b>Average monthly expenditures for the children in your family child care home for each of the following categories:</b> (receipts not needed to verify)</p> <p>6. Food: \$ _____</p> <p>7. Toys: \$ _____</p> <p>8. Assistant/Substitute wages: \$ _____</p> <p>9. Crafts/Supplies: \$ _____</p> <p>10. Transportation ( \$.45 cents per mile): \$ _____</p> <p>11. Training fees: \$ _____</p> <p>12. Gifts for children/families: \$ _____</p> <p>13. Other: \$ _____ (explain) _____          \$ _____ (explain) _____          \$ _____ (explain) _____</p> <p>14. Total Monthly Expenses: \$ _____  <i>(Add lines 6, 7, 8, 9, 10, 11, 12 &amp; 13)</i>          \$ _____ - \$ _____ = \$ _____          REVENUE, Line 5      EXPENSES, Line 14      MONTHLY EARNINGS          (Enter on Line A, left)</p>
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STATEMENT & 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 the Indiana AEYC/T.E.A.C.H. Early Childhood® INDIANA for educational scholarship. I am aware that I may be required to pay a portion (10-20%) of the cost of tuition and books. I am also aware there is a contractual commitment to work for my sponsoring center or continue to own my home family child care after completion of each contract.
- I attest that I have met or exceeded the requirement for a National Criminal History Check in compliance with the Indiana Legislation SEA 305 and HEA 1494 effective July 1, 2013, and as required by the Office of Early Childhood and Out of School Learning , Division of Family Resources, Bureau of Child Care (or the Indiana Department of Education requirement).

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer

\_\_\_\_\_  
License/Registered/ IDOE #

**PLEASE ATTACH**

- **A COPY OF YOUR MOST RECENT PAY STUB HERE** (*paystubs for the last 30 days*)
- **A COPY OF PROGRAM LICENSE/ REGISTRATION**
- **PERSONAL RESPONSIBILITIES AGREEMENT**
- **PLACEMENT SCORES** (*as required*)
- **CURRICULUM PLAN** (*signed by advisor*)
- **TRANSCRIPT** (*form any prior college experience*)
- **All ITEMS CHECKED ON APPLICATION CHECKLIST**

**Return this application to:**

**T.E.A.C.H. Early Childhood®INDIANA  
4755 Kingsway Drive, Suite 107, Indianapolis, IN 46205**

**If you have questions, please call (317) 356-6884 or (800) 657-7577/to send a fax: (317) 259-9489**

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## T.E.A.C.H Early Childhood® INDIANA Recipient Personal Responsibilities Agreement

This is an agreement between T.E.A.C.H. Early Childhood® INDIANA 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.

**Should you be awarded a T.E.A.C.H. Early Childhood® INDIANA Scholarship** - You should be very proud of yourself for 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.

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

- attend class, study, work hard and be a responsible student. This is a great opportunity that should be taken seriously.
- regularly communicate with my T.E.A.C.H professional development advisor (PDA). My PDA is available to help guide me through the process of attending college as well as balancing my college, work and family responsibilities. He/She is just a phone call or email away and can answer many questions.
- submit reimbursement forms in a timely manner. Class registration forms must be submitted in time for PD Advisors to forward to the appropriate school or charge approval. Form B’s must be submitted for reimbursement of tuition, books and travel claims during the first week of each semester. If my model includes paid release time, I will sign the Form C’s, be sure my director (if applicable) signs the Form C and submit claims monthly, with the final claim being submitted 1 business day of final class each term.
- contact my PD Advisor regarding any changes to my employment or college status, or if I am having difficulty in meeting my course/college requirements or scholarship contract.
- submit my grades within 72 business hours (3 business days) following grades being posted. Keeping my scholarship record up-to-date is critical to ensuring that I can continue my education without unnecessary delays.
- pay my 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 of my obligations.

\_\_\_\_\_  
Signature of Recipient

\_\_\_\_\_  
Date Signed

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**Child Care Facility Participation Agreement –Option 1**  
(TO BE COMPLETED BY SPONSORING CENTER)

The T.E.A.C.H. Early Childhood® INDIANA Scholarship, offered through the Indiana Association for the Education of Young Children, requires the participation of each scholarship recipient’s employing child care center. In the event that (Applicant’s Name) \_\_\_\_\_ is awarded a scholarship, I understand that the center agrees

to participate in one of the following ways (Please check one to indicate which option you prefer):

\_\_\_\_\_ **Option One**, the sponsoring center agrees to:

1. **Pay 10% of the cost of tuition and books for courses at a local college or university for the scholarship employee - Check Applicable**

- 9-12 credits for Associates  
 9-12 credits for Bachelors  
 15 credit hours for Master Teacher

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 (6) hours per week when the college/university is in session.

<input type="checkbox"/> Associate Recipients:	<input type="checkbox"/> Bachelor Recipients:	<input type="checkbox"/> Master Teacher Recipients:
The amount of release time is equal to the number of credit hours the employee is taking up to a maximum of six (6) hours per week when the college/university is in session.	Provide 2 hours per week of paid release time when the university is session regardless of the number of courses taken.	Not Applicable

3. **At the end of each year, award a bonus or raise based on successful completion of contract hours: CHECK THE ONE APPLYING FOR:**

<input type="checkbox"/> Associate Recipients:	<input type="checkbox"/> Bachelor Recipients:	<input type="checkbox"/> Master Teacher Recipients:
<input type="checkbox"/> upon completion of 9 credit hours, award a 2% raise or a \$300 bonus,	<input type="checkbox"/> upon completion of 9 credit hours, award a 2% raise or a \$300 bonus,	<input type="checkbox"/> upon completion of 15 credit hours, award a 5% raise
<input type="checkbox"/> upon completion of 10 to 12 hours, award a 3% raise or a \$400 bonus.	<input type="checkbox"/> upon completion of 10 to 12 hours, award a 3% raise or a \$400 bonus.	

**CHECK ONE:**    \_\_\_ Bonus            \_\_\_ Salary Increase

Center / FCCH / School Name \_\_\_\_\_

Name of Chairperson/Owner \_\_\_\_\_

Signature of Chairperson/Owner \_\_\_\_\_

Date \_\_\_\_\_

We assure the option chosen was chosen by the employer.

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**Child Care Facility Participation Agreement – Option 2**  
 (TO BE COMPLETED BY SPONSORING CENTER)

The T.E.A.C.H. Early Childhood® INDIANA Scholarship, offered through the Indiana Association for the Education of Young Children, requires the participation of each scholarship recipient’s employing child care center. In the event that (Applicant’s Name) \_\_\_\_\_ is awarded a scholarship, I understand that the center agrees to participate in one of the following ways (Please check one to indicate which option you prefer):

\_\_\_\_\_ **Option Two, the sponsoring center agrees to:**

**1. Pay 20% of the cost of tuition and books for courses at a local college or university for the scholarship employee – Check Applicable**

- 9-12 credits for Associates
- 9-12 credits for Bachelors
- 15 credit hours for Master Teacher

**2. Provide paid release time each week for my scholarship employee. Check Applicable:**

<input type="checkbox"/> Associate Recipients:	<input type="checkbox"/> Bachelor Recipients:	<input type="checkbox"/> Master Teacher Recipients:
The amount of release time is equal to the number of credit hours the employee is taking up to a maximum of six (6) hours per week when the college/university is in session.	Provide 2 hours per week of paid release time when the university is session regardless of the number of courses taken.	Not Applicable

**3. At the end of each year award a bonus or raise based on successful completion of contract hours:**

<input type="checkbox"/> Associate Recipients:	<input type="checkbox"/> Bachelor Recipients:	<input type="checkbox"/> Master Teacher Recipients:
<input type="checkbox"/> upon completion of 9 credit hours, award a 2% raise or a \$300 bonus,	<input type="checkbox"/> upon completion of 9 credit hours, award a 2% raise or a \$300 bonus,	<input type="checkbox"/> upon completion of 15 credit hours, award a 5% raise
<input type="checkbox"/> upon completion of 10 to 12 hours, award a 3% raise or a \$400 bonus.	<input type="checkbox"/> upon completion of 10 to 12 hours, award a 3% raise or a \$400 bonus.	

**CHECK ONE:** \_\_\_ Bonus      \_\_\_ Salary Increase

Center / FCCH / School Name \_\_\_\_\_

Name of Chairperson/Owner \_\_\_\_\_

Signature of Chairperson/Owner \_\_\_\_\_

Date \_\_\_\_\_

We assure the option chosen was chosen by the employer.

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Center/FCCH/School Name: \_\_\_\_\_

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

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

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

Facility Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Facility fax: ( ) \_\_\_\_\_ - \_\_\_\_\_

Name of Director: \_\_\_\_\_

License/RM Certificate/other (only on request): \_\_\_\_\_ Exempt:  Yes  No

Capacity/Number of Children Enrolled \_\_\_\_\_ / \_\_\_\_\_

**For All Programs**

**For Head Start or Multi-Site Programs**

Center Auspices:  Profit  Non-Profit  Head Start

Accredited: No  Yes  If so, by whom? \_\_\_\_\_

Paths to Quality No  Yes  Level 1 2 3 4

Center Type:

Licensed  Head Start  Registered Ministry  
 School  Public School  Private School

\_\_\_\_\_  
(Please print name of Chairperson / Owner)

\_\_\_\_\_  
(Signature of Chairperson / Owner)

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

Is this Child Care Program owned or managed by another organization?

Yes  No

If yes, give the parent company name/address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check all forms of funding your facility receives:

- |   |   |
|---|---|
| <input type="checkbox"/> Head Start             | <input type="checkbox"/> State Subsidies (CCDF): Vouchers |
| <input type="checkbox"/> Early Head Start       | <input type="checkbox"/> IDEA                             |
| <input type="checkbox"/> EEMG                   | <input type="checkbox"/> State Subsidies: Contracts       |
| <input type="checkbox"/> On-My-Way-PreK (OMWPK) | <input type="checkbox"/> Title I                          |

We assure that this agency/program/school has met or exceeded the requirement for a National Criminal History Check of all its child care employees and volunteers in compliance with the Indiana Legislation SEA 305 and HEA 1494 effective July 1, 2013, and as required by the Office of Early Childhood and Out-of-School Learning, Division of Family Resources, Bureau of Child Care, Division of Family Resources, Bureau of Child Care (or the Indiana Department of Education requirement).

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**Essay**

**Only for Bachelor Degree Scholarship or Master Teacher Credential Scholarship applicant**  
*CDA Training & Associates Applicants need not complete*

You must answer all three of the following essay questions. The essays must be typewritten and no longer than one page each.

1. Why do you want to receive a T.E.A.C.H. Early Childhood® INDIANA Bachelor Degree or Master Teacher Credential Scholarship?
2. What personal experiences in your life shaped your desire to work on behalf of or with young children or within the early care and education system?
3. What contributions do you hope to make to young children and/or the field of early childhood education?
4. What leadership role do you see for yourself in early childhood education in the next five to ten years?

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