

## T.E.A.C.H. Early Childhood® WISCONSIN Scholarship Application

### Instructions

- |          |   |
|----------|---|
| <b>1</b> | <p><b>Fill out application completely and submit all items listed below.</b><br/>If information is missing or not all questions on the application are answered, your application will be regarded as incomplete and will not be processed until all materials are received.</p>  |
| <b>2</b> | <p><b>Complete and return the Program Participation Agreement.</b><br/>All applicants regardless of position must include this. If you are an employee of a child care program, you <i>must</i> have approval from your director or center representative. Your director must complete and sign the Program Participation Agreement page.</p>   |
| <b>3</b> | <p><b>Submit income verification with your completed application.*</b></p> <p><b><u>Group Child Care Program Employees:</u></b> A copy of your most recent paycheck stub or a signed statement from your center director detailing your rate of pay and hours worked per week.</p> <p><b><u>Group Center Owners:</u></b> A copy of your most recent paycheck stub or your most recent Schedule C tax form.</p> <p><b><u>Family Child Care Providers:</u></b> A copy of your most recent Schedule C tax form, copies of receipts for each of the children you care for, most recent Child Care Assistance subsidy statement <b>or</b> a statement detailing your weekly rate and the number of children you care for. You must also complete and return the Family Income Worksheet.</p> <p>*Your income does not impact your ability to receive a scholarship; however, proof of income is needed to show that you are meeting certain eligibility requirements and for reporting purposes.</p> |
| <b>4</b> | <p><b>Return completed application, program participation agreement and income verification to:</b></p> <p style="text-align: center;"><b>T.E.A.C.H. Early Childhood® WISCONSIN</b><br/><b>Wisconsin Early Childhood Association</b><br/><b>2908 Marketplace Drive, Suite 101</b><br/><b>Fitchburg, WI 53719</b><br/><b>or</b><br/><b>Email: <a href="mailto:teach@wisconsinearlychildhood.org">teach@wisconsinearlychildhood.org</a> Fax: 877-432-7567</b></p> <p>Application materials will not be returned. Please keep a copy for your records.</p> <p>Questions? Contact T.E.A.C.H. at 608-240-9880 or 800-783-9322, Option 3.</p>   |

**T.E.A.C.H. requires a \$20 non-refundable application fee. Please *do not* send the fee now, we will contact you for the fee at the time your application is processed.**

**Por favor, llame al 800-783-9322 extensión 7264 si tiene preguntas o desea más información sobre el programa de T.E.A.C.H. Early Childhood® WISCONSIN.**





**Scholarship Applying For: (Check only one)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 3-8 Credit Model           | <input type="checkbox"/> Associate Degree               | <input type="checkbox"/> Bachelor's Degree*                            |
| <input type="checkbox"/> Infant Toddler Credential  | <input type="checkbox"/> Preschool Credential           | <input type="checkbox"/> Afterschool & Youth Development<br>Credential |
| <input type="checkbox"/> Administrator's Credential | <input type="checkbox"/> Inclusion Credential           |  |
| <input type="checkbox"/> Leadership Credential      | <input type="checkbox"/> Program Development Credential | <input type="checkbox"/> Family Child Care Credential                  |

\*Must have Associate Degree or equivalent to be eligible for Bachelor's Degree Scholarship.

Is there anything else about yourself or your educational or professional development goals that you would like us to consider while reviewing your application? Please attach a separate sheet if necessary.

**Applicant's Income:** List sources of income available to you. *For your source of income, you MUST provide a copy of verification of that income. Please see instructions, page 1, for explanation of income verification.*

**Employer #1 (your child care program)**

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

Earnings Job #1: \$\_\_\_\_\_  per hour  per week  per month

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

**Employer #2 (2<sup>nd</sup> job, if applicable)**

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

Earnings Job #2: \$\_\_\_\_\_  per hour  per week  per month

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

Sources of Financial Aid #1 (Pell grants, Student loans, etc)\*: \_\_\_\_\_

Application Status:  Awarded  Denied  Pending

Sources of Financial Aid #2 (Pell grants, Student loans, etc): \_\_\_\_\_

Application Status:  Awarded  Denied  Pending

Any additional personal income: \$\_\_\_\_\_ per \_\_\_\_\_

YOUR TOTAL PERSONAL INCOME \$\_\_\_\_\_ per year.

YOUR TOTAL FAMILY INCOME \$\_\_\_\_\_ per year.

**\* Note: All recipients of Associate and Bachelor's Degree scholarships will be required to apply for Federal Financial Aid. Financial Aid Applications are available at <http://www.fafsa.ed.gov>**

**STATEMENT & SIGNATURE OF APPLICANT**

I attest to the fact that the information I have provided is true and accurate. Based on this information, I am applying to the Wisconsin Early Childhood Association for a scholarship to help pay the cost of educational expenses.

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

\_\_\_\_\_  
Date

*This is an application only. This application does not guarantee that the applicant will receive a scholarship. Applicant and/or Center are not bound by any information contained in this application until applicant is notified of a scholarship award and a contract is signed by all participating parties.*

**Center Employee - Program Participation Agreement  
T.E.A.C.H. Early Childhood® WISCONSIN Scholarship**

**Agreement must be completed by the center administrator/director and returned with completed application.**

The T.E.A.C.H. Early Childhood® WISCONSIN Scholarship Program offered through the Wisconsin Early Childhood Association requires the participation of each scholarship recipient's employing child care center. In the event that \_\_\_\_\_ is awarded a scholarship, I understand that the center agrees to participate in the following ways:

1. Pay 15% of the cost of tuition for courses totaling credit hours as outlined below.
2. Provide 15 hours of paid release time, to be reimbursed by the scholarship program, to the scholarship recipient employee. Release time is provided regardless of whether or not class is held during employee's working hours.
3. Upon completion of the scholarship contract: (Please check one to indicate which option you prefer.)  
 \_\_\_\_\_ **Option 1: Issue a raise as specified in table below.**  
 \_\_\_\_\_ **Option 2: Award a bonus as specified in table below.**  
*\*3-8 Credit Model Limited Option does not require center to issue a raise or bonus.*

**Please specify Scholarship Model in the table below:**

Check One	Model	Credits	School	Raise	Bonus
<input type="checkbox"/>	3-8 Credit Model	3-8	WI Technical College, Private College or University	1.0%	\$150.00
<input type="checkbox"/>	3-8 Credit Model Limited Option*	3-8	WI Technical College, Private College or University	NA	NA
<input type="checkbox"/>	Credential	9-18	WI Technical College, Private College or University	2.0%	\$300.00
<input type="checkbox"/>	Associate Degree	9-18	WI Technical College or Private College	2.0%	\$250.00
<input type="checkbox"/>		19 - 30		2.5%	\$300.00
<input type="checkbox"/>	Bachelor's Degree	9-18	WI University or Private College	2.0%	\$250.00
<input type="checkbox"/>		19 - 30		2.5%	\$300.00

\*In all scholarship models, the scholarship recipient commits to working an additional 6 months to 1 year in the sponsoring center upon completion of contracted course work. However, for the 3-8 Credit Model Limited Option scholarship, the scholarship recipient commits to work an additional 1 year in a regulated child care program in Wisconsin upon completion of contracted course work. The 3-8 Credit Model Limited Option does *not* require the scholarship recipient remain working at sponsoring center once course work is completed.

Does your center have a 4 year old kindergarten program?  Yes  No  
*(Defined as: Collaboration between the child care program and the local public school district)*

If Yes, is this applicant a teacher in the 4K program?  Yes  No

Is the applicant employed and paid directly by the school district?  Yes  No

\_\_\_\_\_  
 (Signature of chairperson/owner – **original signature required**)

\_\_\_\_\_  
 (Telephone #)

\_\_\_\_\_  
 (Please print name of chairperson/owner)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Please print name of facility)

