

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

Instructions

1	<p>Fill out application completely and submit all items listed below. 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>
2	<p>Complete and return the Program Participation Agreement. 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>
3	<p>Submit income verification with your completed application.*</p> <p><u>Group Child Care Program Employees:</u> 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><u>Group Center Owners:</u> A copy of your most recent paycheck stub or your most recent Schedule C tax form.</p> <p><u>Family Child Care Providers:</u> 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 or 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>
4	<p>Return original completed application, program participation agreement, and income verification to:</p> <p style="text-align: center;">T.E.A.C.H. Early Childhood® WISCONSIN Wisconsin Early Childhood Association 2908 Marketplace Drive, Suite 101 Fitchburg, WI 53719</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, due at the time your application is processed. We will contact you at that time.

Por favor, llame al 800-783-9322 extensión 7336 si tiene preguntas o desea más información sobre el programa de T.E.A.C.H. Early Childhood® WISCONSIN.

Applicant Information	Date ___/___/___
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Social Security Number: - -

First Name	Middle Initial	Last Name
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Address

City	State	Zip	County
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Work Phone number: () -	Alternate Phone number: () - Type: <input type="checkbox"/> Cell <input type="checkbox"/> Home
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E-mail Address:

Date of Birth: / /	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
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Citizenship: U.S. Citizen/Legal Resident Other _____

How many people are living in your home (including yourself)? _____

Household Structure: Single, no kids Single parent or grandparent

Married/Partnered, no kids Married/Partnered parent or grandparent

Do you consider yourself...?

<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Pacific Islander:	<input type="checkbox"/> Asian: (<i>check one below</i>)
<input type="checkbox"/> Black or African American	(<i>check one below</i>)	<input type="checkbox"/> Asian Indian
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Samoan	<input type="checkbox"/> Japanese
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Chinese
<input type="checkbox"/> Identified by two or more	<input type="checkbox"/> Other Pacific Islander: _____	<input type="checkbox"/> Korean
		<input type="checkbox"/> Vietnamese
		<input type="checkbox"/> Filipino
		<input type="checkbox"/> Other Asian: _____

Ethnicity: Are you of Hispanic, Latino or Spanish origin? Yes (*check one below*) No

Mexican, Mexican American, Chicano Puerto Rican Cuban

Other Hispanic, Latino or Spanish

Do you prefer to work with a Spanish bilingual scholarship counselor? Yes No

Por favor, llame al 800-783-9322 extensión 7336 si tiene preguntas o desea más información sobre el programa de T.E.A.C.H. Early Childhood® WISCONSIN.

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

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

Are you a WECA Member? Yes No

Are you a member of The Registry? Yes No Registry ID Number: _____

Employment Status	
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"/> 10+ years	
What is your current job title? If you hold multiple positions, check the title that reflects how you spend the <u>majority</u> of your time. Check only ONE box. <input type="checkbox"/> Family Based Professional <input type="checkbox"/> Assistant teacher <input type="checkbox"/> Teacher (Group Leader - School Age) <input type="checkbox"/> Administrator (Site Supervisor - School Age) <input type="checkbox"/> Non-Teaching Professional Staff (position) _____ <input type="checkbox"/> Non-Teaching Support Staff (may not be eligible for scholarship)(position) _____	
What age groups do you teach? (please check all that apply) <input type="checkbox"/> Administrator <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	
<i>If you do not know the answer to the following questions, please consult your supervisor.</i>	
Beginning date of employment at current facility or, for family providers, date you became licensed or certified to provide care in your home? (mm/dd/yyyy) _____/_____/_____	
How many hours do you work per week?	How many months do you work per year?
What is your current hourly wage?	How many children are in your classroom or child care home?
Education Information: (High School Diploma or GED required in order to be eligible for scholarship.)	
Please check the box that best describes your highest level of education: <input type="checkbox"/> No high school diploma <input type="checkbox"/> High school diploma/GED * <input type="checkbox"/> 1 year certificate <input type="checkbox"/> Associate Degree (Major: _____) <input type="checkbox"/> Bachelor’s Degree (Major: _____) <input type="checkbox"/> Masters (Major: _____) <input type="checkbox"/> Doctorate	
*Check one: <input type="checkbox"/> High School Diploma <input type="checkbox"/> Completed GED Date of HS Diploma or Completed GED? _____ What High School issued your diploma or GED? _____	
Please check one that best describes your educational goals: <input type="checkbox"/> Earn an Early Childhood or School-Age Credential (circle one) <input type="checkbox"/> Take a few early childhood courses to obtain or upgrade job-related skills <input type="checkbox"/> Complete credits to meet YoungStar requirements <input type="checkbox"/> Earn an Early Childhood, Infant/Toddler or School-Age Certificate <input type="checkbox"/> Earn an Early Childhood Associate Degree <input type="checkbox"/> Earn an Early Childhood Associate Degree and transfer to a four-year college/university to earn a Bachelor’s Degree <input type="checkbox"/> Earn a Bachelor’s Degree in Early Childhood Education <input type="checkbox"/> Earn or renew a DPI license	
Are you currently enrolled at a college? <input type="checkbox"/> Yes <input type="checkbox"/> No What college would you like to attend? _____	When would you like your scholarship to begin? <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer _____ (year)

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
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 |

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 (2nd 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.

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

Agreement must be completed by the center owner 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. Enroll at least one teacher in a T.E.A.C.H. Early Childhood® WISCONSIN Scholarship Option within one year of the administrator participating in the scholarship program.

Please specify Scholarship Model in the table below:

Check One	Model	Credits	School
<input type="checkbox"/>	3-8 Credit Model	3-8	Wisconsin Technical College, Private College or University
<input type="checkbox"/>	Credential	9-18	Wisconsin Technical College, Private College or University
<input type="checkbox"/>	Associate Degree	9-18 or 19+	Wisconsin Technical College or Private College
<input type="checkbox"/>	Bachelor's Degree	9-18 or 19+	Wisconsin University or Private College

Are you a family child care provider? Yes No

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)

(Telephone #)

ORIGINAL SIGNATURE REQUIRED

(Please print name of chairperson/owner)

_____/_____/_____
(Date)

(Please print name of facility)



Sponsoring Center/Family Child Care Program Information
 (To be completed by center administrator/director/family child care provider)

Child Care Program Name (as listed on state license)			
Program License # (Facility ID #)			
YoungStar Participant? <input type="checkbox"/> Yes <input type="checkbox"/> No YoungStar Rating: _____ 10 Digit Provider # _____			
Address			
City	State	Zip	County
Phone () -		Fax () -	
Director's Name		Director 's Phone () -	
Director's Email Address			
Program Email Address		Program Website	
Program Mailing Address (if different)			
City	State	Zip	County
Child Care Program is <input type="checkbox"/> Licensed <input type="checkbox"/> Certified <input type="checkbox"/> YoungStar Participant			
Auspice: (Check one) <input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit <input type="checkbox"/> Head Start			
Does your center have a 4K Program (Defined as a collaboration between the child care program and the local public school district)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please check all forms of funding your facility receives:			
<input type="checkbox"/> Head Start <input type="checkbox"/> Early Head Start <input type="checkbox"/> State Head Start <input type="checkbox"/> State PreK <input type="checkbox"/> Title 1 <input type="checkbox"/> IDEA			
<input type="checkbox"/> State Subsidies: Contracts (WI Shares)		<input type="checkbox"/> State Subsidies: Vouchers	
Is this program accredited by: <input type="checkbox"/> NAEYC <input type="checkbox"/> NAC (Group Centers) <input type="checkbox"/> NAFCC (Family Programs) <input type="checkbox"/> Other			
Number of children program is licensed to serve		Number of children currently enrolled	
Center Operating Hours		Age groups your program is licensed to serve	
If this program managed by another organization, please complete the parent company information below:			
Name			
Address			
City	State	Zip	County

Return to:
 T.E.A.C.H. Early Childhood@ WISCONSIN
 Wisconsin Early Childhood Association
 2908 Marketplace Drive, Suite 101
 Fitchburg, WI 53719



Questions?
 Please contact T.E.A.C.H. at
 608-240-9880 or 800-783-9322, Option 3
 teach@wisconsinearlychildhood.org