

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 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 or Email: teach@wisconsinearlychildhood.org Fax: 877-432-7567</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.

Applicant Information				Date ___ / ___ / ___
Social Security Number (required): - -				
First Name		Middle Initial	Last Name	
Address				
City		State	Zip	County
Work Phone number: () -			Alternate Phone number: () - Type: <input type="checkbox"/> Cell <input type="checkbox"/> Home	
E-mail Address:				
Date of Birth: / /			Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Citizenship: <input type="checkbox"/> U.S. Citizen/Legal Resident <input type="checkbox"/> Other _____				
How many people are living in your home (including yourself)? _____				
Household Structure: <input type="checkbox"/> Single, no kids <input type="checkbox"/> Single parent or grandparent				
<input type="checkbox"/> Married/Partnered, no kids <input type="checkbox"/> Married/Partnered parent or grandparent				
Do you consider yourself...?				
<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Pacific Islander: <i>(check one below)</i>		<input type="checkbox"/> Asian: <i>(check one below)</i>	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Samoan	<input type="checkbox"/> Asian Indian		
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Japanese		
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other Pacific Islander: _____	<input type="checkbox"/> Chinese		
<input type="checkbox"/> Identified by two or more				<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? <input type="checkbox"/> Yes <i>(check one below)</i> <input type="checkbox"/> No				
<input type="checkbox"/> Mexican, Mexican American, Chicano	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Cuban		
<input type="checkbox"/> Other Hispanic, Latino or Spanish				
Do you prefer to work with a Spanish bilingual scholarship counselor? <input type="checkbox"/> Yes <input type="checkbox"/> No				
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.				
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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you a member of The Registry? <input type="checkbox"/> Yes <input type="checkbox"/> No Registry ID Number: _____				

Employment Status

How long have you worked in the field of early childhood?

- Less than 2 years
 2-5 Years
 6-10 Years
 10+ years

What is your current job title? If you hold multiple positions, check the title that reflects how you spend the majority of your time. **Check only ONE box.**

- Family Based Professional Assistant teacher
 Teacher (Group Leader - School Age) Administrator* (Site Supervisor - School Age)
 Non-Teaching Professional Staff (*position*) _____
 Non-Teaching Support Staff (*may not be eligible for scholarship*)(*position*) _____
 *Are you the owner of the center? Yes No

What age groups do you teach? (*please check all that apply*) Administrator

- Infants (0-12 Months) Toddler (13-36 Months) Preschool (37 Months – PreK) School Age

If you do not know the answer to the following questions, please consult your supervisor.

Beginning date of employment at current facility, or, for family providers, date you become 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"/> Some College
<input type="checkbox"/> Associate Degree (Major: _____)
<input type="checkbox"/> Masters (Major: _____) | <input type="checkbox"/> High school diploma/GED *
<input type="checkbox"/> 1 year certificate
<input type="checkbox"/> Bachelor's Degree
(Major: _____)
<input type="checkbox"/> Doctorate |
|---|---|

*Check one: High School Diploma Completed GED Date of HS Diploma or Completed GED? _____

Name of High School/GED institution? _____ State? _____

Please check **one** that best describes your educational goals:

- Earn an Early Childhood or School-Age Credential (*circle one*)
- Take a few early childhood courses to obtain or upgrade job-related skills
- Complete credits to meet YoungStar requirements
- Earn an Early Childhood, Infant/Toddler or School-Age Certificate
- Earn an Early Childhood Associate Degree
- Earn an Early Childhood Associate Degree and transfer to a four-year college/university to earn a Bachelor's Degree
- Earn a Bachelor's Degree in Early Childhood Education
- Earn or renew a DPI license

Are you currently enrolled at a college? Yes No

What college would you like to attend? _____

When would you like your scholarship to begin?

- Fall Spring 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"/> After School & Youth Development |
| <input type="checkbox"/> Administrator's Credential | <input type="checkbox"/> Inclusion Credential | <input type="checkbox"/> 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 (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.

Family Child Care Providers & Employees of Family Child Care Providers Scholarship Participation Agreement

Agreement must be completed by Family Child Care 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 and employing family child care program.

Check one:

Applicant is Family Child Care Provider:

In the event that I am awarded a scholarship, I agree to the following participation requirements:

1. Pay 10% of the cost of tuition and 25% of the cost of books for courses totaling credit hours as outlined below.
2. Continue employment as specified in the table below upon successful of completion of contracted coursework.

Applicant is Employee of Family Child Care Provider:

In the event that _____ is awarded a scholarship, I agree to the following participation requirements:
(employee name)

- Provide 15 hours of paid Release Time, to be reimbursed by the scholarship program, to the scholarship recipient employee. Release Time is given regardless of whether or not class is held during employee's working hours.

Please specify Scholarship Model in the table below:

Check One	Model	Credits	School	Commitment
	3-8 Credit Model	3-8	Wisconsin Technical College, Private College or University	6 months to family child care program; 6 months to regulated child care program in WI
	Credential	9-18	Wisconsin Technical College, Private College or University	1 year to family child care program
	Associate Degree	9-18	Wisconsin Technical College or Private College	1 year to family child care program
		19 - 30		
	Bachelor's Degree	9-18	Wisconsin University or Private College	1 year to family child care program; 1 year to regulated child care program in WI
		19 - 30		

(Owner Signature)

ORIGINAL SIGNATURE REQUIRED

(Print Name)

(Date)



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

Family Child Care Provider Monthly Income Worksheet

Instructions: This sheet is to help you to determine your monthly earnings from your family child care home.

Remember, you MUST include income verification such as copies of receipts for each of the children you take care of, copies of your Child Care Assistance Subsidy Statement, or a statement detailing your weekly rate, and the number of children you care for.

INCOME

1	What is the total amount paid to you by parents each week? (Verification required)	
2	Multiply by 4.33 (number of weeks per month) TOTAL MONTHLY PARENT FEES	
3	How much was your last month's Child Care Assistance Subsidy for children in your care? (Verification required)	
4	How much was your last month's Child & Adult Care Food Program (CACFP) Reimbursement?	
5	Add lines 2, 3, 4 TOTAL MONTHLY REVENUE	

EXPENSES

How much did you spend for children in your child care home last month on?

6		Food	
7		Toys	
8		Assistant/Substitute Care	
9		Crafts/Supplies	
10		Transportation (\$.0.32 per mile)	
11		Training fees	
12		Gifts for Children/Families	
13		Other (specify)	
14		Add lines 6 through 13	
15		MONTHLY INCOME (LINE 5)	
16		SUBTRACT MONTHLY EXPENSES (LINE 14)	
17		MONTHLY EARNINGS (Monthly income minus monthly expenses) Use this figure for "Earnings Job #1"	