

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>Group Child Care Program Employees: 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>Group Center Owners: A copy of your most recent paycheck stub or your most recent Schedule C tax form.</p> <p>Family Child Care Providers: 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.

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 Credential |
| <input type="checkbox"/> Administrator's Credential | <input type="checkbox"/> Inclusion Credential | <input type="checkbox"/> Family Child Care Credential |
| <input type="checkbox"/> Leadership Credential | <input type="checkbox"/> Program Development 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.

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 or 19+	Wisconsin Technical College or Private College	1 year to family child care program
	Bachelor's Degree	9-18 or 19+	Wisconsin University or Private College	1 year to family child care program; 1 year to regulated child care program in WI

(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 (\$.032 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"	