

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 (required).*</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> <p>YOUR APPLICATION WILL NOT BE PROCESSED UNTIL INCOME VERIFICATION IS RECEIVED!</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.

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 |
| <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.

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
	3-8 Credit Model	3-8	Wisconsin Technical College, Private College or University
	Credential	9-18	Wisconsin Technical College, Private College or University
	Associate Degree	9-18	Wisconsin Technical College or Private College
		19-30	
	Bachelor's Degree	9-18	Wisconsin University or Private College
		19 - 30	

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



Wisconsin Early
 Childhood Association
Because small lives get bigger

Questions?

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