


**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 (required).</b><br/>         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> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Group Child Care Program Employees:</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.</li> <li><input type="checkbox"/> <b>Group Center Owners:</b> A copy of your most recent paycheck stub or your most recent Schedule C tax form.</li> <li><input type="checkbox"/> <b>Family Child Care Providers:</b> <ul style="list-style-type: none"> <li>o Monthly Income Worksheet</li> <li>-AND-</li> <li>o Income verification (<u>one</u> of the following):               <ul style="list-style-type: none"> <li>▪ A copy of your most recent Schedule C tax form</li> <li>▪ Copies of receipts for each of the children you care for</li> <li>▪ A copy of your Child Care Provider Portal (CCPP) Quarterly/Monthly Payments Summary page for last month</li> <li>▪ A signed statement detailing your weekly rate and the number of children you care for</li> </ul> </li> </ul> </li> </ul> <p align="right"></p> <p><b>YOUR APPLICATION WILL NOT BE PROCESSED UNTIL INCOME VERIFICATION IS RECEIVED!</b></p> |
| <b>4</b> | <p><b>Return completed application, program participation agreement and income verification to:</b></p> <p align="center"> <b>Mail: T.E.A.C.H. Early Childhood® WISCONSIN</b><br/> <b>Wisconsin Early Childhood Association</b><br/> <b>2908 Marketplace Dr. Ste 101</b><br/> <b>Fitchburg, WI 53719</b><br/> <b>Or</b> </p> <p align="center"> <b>Email: <a href="mailto:teach@wisconsinearlychildhood.org">teach@wisconsinearlychildhood.org</a></b>      <b>Fax: 877-432-7567</b> </p> <p><b>Application materials will not be returned. Please keep a copy for your records.</b></p> <p><b>Questions? Contact T.E.A.C.H. at 800-783-9322, option 3.</b></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	
Email Address:				
Preferred Contact Method <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other (may not be available): _____				
Date of Birth: _____ / _____ / _____			Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Are you legally entitled to work in the United States (i.e., a citizen or national of the U.S., a lawful permanent resident, an alien authorized to work in the U.S.)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
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 <input type="checkbox"/> Asian <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"/> No, not of Hispanic, Latino or Spanish origin				
<input type="checkbox"/> Yes, Mexican, Mexican American Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, another Hispanic, Latino or Spanish origin: _____				
Do you prefer to work with a Spanish bilingual scholarship counselor? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>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.</b>				
How did you hear about the T.E.A.C.H. Early Childhood® Program?				
<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: Registry ID Number _____ <input type="checkbox"/> No				



Scholarship Applying For: (Check only one)	
<input type="checkbox"/> 3-8 Credit Model	<input type="checkbox"/> Administrator Credential
<input type="checkbox"/> Afterschool & Youth Development Credential	<input type="checkbox"/> Family Child Care Credential
<input type="checkbox"/> Inclusion Credential	<input type="checkbox"/> Infant Toddler Credential
<input type="checkbox"/> Leadership Credential	<input type="checkbox"/> Preschool Credential
<input type="checkbox"/> Program Development Credential	<input type="checkbox"/> Supporting Dual Language Learners Credential
<input type="checkbox"/> Associate Degree Scholarship	<input type="checkbox"/> Bachelor's Degree Scholarship (Must have an associate degree or equivalent.)

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.

Applicants 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 for explanation of income verification.***

**Employer #1 (your child care program)**  
Employer Name: \_\_\_\_\_  
Earnings Employer #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, in applicable)**  
Employer Name: \_\_\_\_\_  
Earnings Employer #1: \$ \_\_\_\_\_  per  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  Awarded  Denied  Pending

Sources of Financial Aid #2 (Pell grants, Student loans, etc.)  
Application  Awarded  Denied  Pending

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

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

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

**Application Checklist**

- Income verification (See instructions for explanation of income verification.)
- Program Participation Agreement and Program Information Sheet
- (Family Child Care Providers only) Monthly Income Worksheet

**STATEMENT & SIGNATURE OF APPLICANT**

I attest to the fact that 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.**

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 in Employee of Family Child Care Provider:**

In the event that \_\_\_\_\_ is awarded a scholarship, I agree to the  
(employee name)

the following participation requirements:

- 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	Contract Length	Commitment Period
<input type="checkbox"/>	<b>3-8 Credit Model</b>	3-8	3 semesters	6 months to family child care program + 6 months to regulated child care program in WI
<input type="checkbox"/>	<b>Credential</b>	9-18	3 semesters (12 credits)	12 months to family child care program
<input type="checkbox"/>			- or - 4 semesters (18 credits)	
<input type="checkbox"/>	<b>Associate Degree</b>	9-18	3 semesters	12 months to family child care program
<input type="checkbox"/>		19-30		
<input type="checkbox"/>	<b>Bachelor's Degree</b>	9-18	3 semesters	12 months to family child care program + a 2 <sup>nd</sup> 12 months to regulated child care program in WI
<input type="checkbox"/>		19-30		

\_\_\_\_\_  
(Signature of owner)

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

\_\_\_\_\_  
(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			
Preferred Contact Method <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other (may not be available): _____			
Program's 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 received:			
<input type="checkbox"/> Head Start <input type="checkbox"/> Early Head Start <input type="checkbox"/> State Head Start <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 is 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  
 Email: [teach@wisconsinearlychildhood.org](mailto:teach@wisconsinearlychildhood.org)  
 Fax: 877-432-7567



**Questions?**

Please contact T.E.A.C.H. at  
 608-240-9880 or 800-783-9322, option 3  
[teach@wisconsinearlychildhood.org](mailto: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. For each question, use the amount you made or spent last month.

Remember, you **MUST** include income verification such as copies of receipts for each of the children you take care of, a copy of your Child Care Provider Portal (CCPP) Quarterly/Monthly Payments Summary page for last month 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?	
2	Multiply by 4.33 (number of weeks per month) <b>TOTAL MONTHLY PARENT FEES</b>	
3	How much was your last month's MyWICChildCare subsidy for children in your care?	
4	How much was your last month's Child & Adult Care Food Program (CACFP) Reimbursement?	
5	Add lines 2, 3, 4 <b>TOTAL MONTHLY REVENUE</b>	

### 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		<b>MONTHLY INCOME (LINE 5)</b>	
16		<b>SUBTRACT MONTHLY EXPENSES (LINE 14)</b>	
17		<b>MONTHLY EARNINGS</b> (Monthly income minus monthly expenses) Use this figure for "Earnings Job #1"	