

T.E.A.C.H. Early Childhood® Wisconsin Scholarship Application	
Instructions	
1	<p>Fill out application completely and submit all items listed below.</p> <p>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.</p> <p>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>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"> <input type="checkbox"/> 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. <input type="checkbox"/> Group Center Owners: A copy of your most recent paycheck stub or your most recent Schedule C tax form. <input type="checkbox"/> Family Child Care Providers: <ul style="list-style-type: none"> o Monthly Income Worksheet <p>-AND-</p> <ul style="list-style-type: none"> o Income verification (<u>one</u> of the following): <ul style="list-style-type: none"> ▪ A copy of your most recent Schedule C tax form ▪ Copies of receipts for each of the children you care for ▪ A copy of your Child Care Provider Portal (CCPP) Quarterly/Monthly Payments Summary page for last month ▪ A signed statement detailing your weekly rate and the number of children you care for <p>YOUR APPLICATION WILL NOT BE PROCESSED UNTIL INCOME VERIFICATION IS RECEIVED!</p>
4	<p>Submit \$20 non-refundable application fee (required).</p> <p>T.E.A.C.H. Scholarship applications require a \$20 non-refundable application fee. This fee supports application processing costs. You may include payment (check or money order) with your application or make an online application fee payment at: https://wisconsinearlychildhood.org/programs/t-e-a-c-h/t-e-a-c-h-online-payment-portal/ When making the payment, please leave the Invoice Number blank and enter your name in the Description box. <u>Please do not send cash or email/fax any credit card information.</u></p> <p>As an applicant, you are encouraged to consider carefully your commitment to going to school and make sure you meet eligibilities. Even if you change your mind about school or are found ineligible for scholarship, this fee will not be reimbursed. We welcome you to call us if you wish to discuss eligibilities or the educational pathways supported by T.E.A.C.H. Call 800-783-9322, option 3 or visit our website for more information: https://wisconsinearlychildhood.org/programs/t-e-a-c-h/</p>
5	<p>Return completed application, program participation agreement and income verification to:</p> <p>Email: teach@wisconsinearlychildhood.org Fax: 877-432-7567</p> <p>Mail: WECA 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 800-783-9322, option 3.</p>
<p>Por favor, llame al 608-729-1071 si tiene preguntas o desea más información sobre el programa de T.E.A.C.H. Early Childhood® Wisconsin.</p>	

NOTE: For consideration for fall semester, applications must be received no later than July 1; for spring semester no later than November 1; and for summer no later than April 1.

[illegible]

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"/> Teacher (Group Leader – School Age) <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Administrator (Site Supervisor – School Age): Are you the owner of the center? <input type="checkbox"/> Yes <input type="checkbox"/> No <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>	
Date of hire at current facility or for family providers, date you became licensed or certified to provide care in your home (mm/dd/yyyy) _____ / _____ / _____ (REQUIRED)	
How many hours do you work per week? (Verification required)	How many months do you work per year?
What is your current hourly wage? (Verification required)	How many children are in your classroom or child care home?
Education Information: (High School Diploma or GED required to be eligible for scholarship.)	
Please check the box that describes your highest level of education: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> No high school diploma <input type="checkbox"/> Some college* <input type="checkbox"/> Associate Degree (Major: _____) <input type="checkbox"/> Masters (Major: _____) </div> <div style="width: 48%;"> <input type="checkbox"/> High school diploma/GED* <input type="checkbox"/> 1-Year Certificate* <input type="checkbox"/> Bachelor's Degree (Major: _____) <input type="checkbox"/> Doctorate </div> </div>	
*Year of HS diploma or completed GED: _____	
*Name of school/institution: _____ State?: _____	
Please check one that best describes your educational goals: <input type="checkbox"/> Earn an Early Childhood or School-Age Credential <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)
NOTE: For consideration for fall semester, applications must be received no later than July 1; for spring semester no later than November 1; and for summer no later than April 1.	

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"/> Diversity 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.)	
*How many college credits have you completed? _____ Intended Major: _____	
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. <i>For your source of income, you MUST provide a copy of verification of that income. Please see instructions for explanation of income verification.</i>	
Employer #1 (your child care program)	
Employer Name: _____	
Earnings Employer #1: \$ _____	<input type="checkbox"/> per hour <input type="checkbox"/> per week <input type="checkbox"/> 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 Employer #2: \$ _____	<input type="checkbox"/> per hour <input type="checkbox"/> per week <input type="checkbox"/> 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: <input type="checkbox"/> Awarded <input type="checkbox"/> Denied <input type="checkbox"/> Pending	
Sources of Financial Aid #2 (Pell grants, Student loans, etc.)	
Application Status: <input type="checkbox"/> Awarded <input type="checkbox"/> Denied <input type="checkbox"/> 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
- ☐ \$20 Non-Refundable Application Fee (See instructions). Please do not send cash or fax/email any credit card information.
- ☐ (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
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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.

Center Employee – Program Participation Agreement
T.E.A.C.H. Early Childhood® Wisconsin Scholarship

Agreement must be completed by the center administrator/director 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'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 5% 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. Upon completion of the scholarship contract, provide a raise or bonus as specified in table below.
(Please check one to indicate which option you prefer.)

Check One	Option	Model	Credits	Contract Length	Commitment Period to Sponsoring Center
<input type="checkbox"/>	1% Raise	3-8 Credit Model	3-8	3 semesters	6 months + a 2 nd 6 months at sponsor or another regulated WI child care
<input type="checkbox"/>	\$150 Bonus				
<input type="checkbox"/>	Limited Option (No raise or bonus)	3-8 Credit Model Limited Option	3-8	3 semesters	12 months in a regulated WI child care program
<input type="checkbox"/>	2% Raise	Credential	9-18	3 semesters (12 credits) - or- 4 semesters (18 credits)	12 months
<input type="checkbox"/>	\$300 Bonus				
<input type="checkbox"/>	2% Raise	Associate Degree	9-18	3 semesters	12 months
<input type="checkbox"/>	\$250 Bonus				
<input type="checkbox"/>	2.5% Raise	Associate Degree	19-30		
<input type="checkbox"/>	\$300 Bonus				
<input type="checkbox"/>	2% Raise	Bachelor's Degree	9-18	3 semesters	12 months + a 2 nd 12 months at sponsor or another regulated WI child care program
<input type="checkbox"/>	\$250 Bonus				
<input type="checkbox"/>	2.5% Raise	Bachelor's Degree	19-30		
<input type="checkbox"/>	\$300 Bonus				

Does your center have a 4-year-old kindergarten program? (Defined as: Collaboration between the child care program and the local school district)

☐ Yes ☐ No

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)

 (Phone Number)

 (Please print name of chairperson/owner)

 (Email)

 (Please print name of facility)

 (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"/> State Pre-K <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

Fax: 877-432-7567



Wisconsin Early
Childhood Association

Questions?

Please contact T.E.A.C.H. at
 800-783-9322, option 3

teach@wisconsinearlychildhood.org