# T.E.A.C.H. Early Childhood® Wisconsin Scholarship Application

## Instructions

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| 1 | **Fill out application completely and submit all items listed below.**<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. |
| 2 | **Complete and return the Program Participation Agreement.**<br>All applicants regardless of position must include this.  If you are an employee of a child care program, you *must* have approval from your director or center representative. Your director must complete and sign the Program Participation Agreement page. |
| 3 | **Submit income verification with your completed application (required).**<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.<br><br>☐ **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.<br><br>☐ **Group Center Owners:**  A copy of your most recent paycheck stub or your most recent Schedule C tax form.<br><br>☐ **Family Child Care Providers:**<br>    o  Monthly Income Worksheet<br>       -AND-<br>    o  Income verification (<u>one</u> of the following):<br>         ▪  A copy of your most recent Schedule C tax form<br>         ▪  Copies of receipts for each of the children you care for<br>         ▪  A copy of your Child Care Provider Portal (CCPP) Quarterly/Monthly Payments Summary page for last month<br>         ▪  A signed statement detailing your weekly rate and the number of children you care for<br>**YOUR APPLICATION WILL NOT BE PROCESSED UNTIL INCOME VERIFICATION IS RECEIVED!**<br><br> *Don't Forget!* |
| 4 | **Submit $20 non-refundable application fee (required).**<br>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/cost-calculator-tools/ When making the payment, please leave the Invoice Number blank and enter your name in the Description box. **Please do not send cash or email/fax any credit card information.**<br><br>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/ |
| 5 | **Return completed application, program participation agreement and income verification to:**<br>      Email: teach@wisconsinearlychildhood.org               **Fax: 877-432-7567**<br>              Mail: WECA   2908 Marketplace Drive, Suite 101, Fitchburg WI 53719<br>**Application materials will not be returned. Please keep a copy for your records.**<br>**Questions? Contact T.E.A.C.H. at 800-783-9322, option 3.** |
| | **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.** |

**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.**

| **Applicant Information** | **Date** _____ / _____ / _____ |
|---|---|

| Social Security Number **(REQUIRED):**                 -                 - |
|---|

| First Name | Middle Initial | Last Name |
|---|---|---|

| Preferred Name (if any) |
|---|

| Address |
|---|

| City | State | Zip | County |
|---|---|---|---|

| Work Phone Number    (      )      - | Alternate Phone Number (        )        - |
|---|---|
| | Type        ☐   Cell    ☐   Home |

| Personal Email Address: |
|---|

| Preferred Contact Method    ☐   Email        ☐   Phone   ☐   Other (may not be available): _____ |
|---|

| Date of Birth:         _____ / _____ / _____ |
|---|

| Gender: _____ | Pronouns: _____ |
|---|---|

| 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.)?        ☐   Yes        ☐   No |
|---|

| How many people are living in your home (including yourself)?        _____ |
|---|
| Household structure:    ☐   Single, no kids            ☐   Single parent or grandparent |
| ☐   Married/Partnered, no kids        ☐   Married/Partnered parent or grandparent |

| Do you consider yourself…? |
|---|
| ☐   White |
| ☐   Black or African American |
| ☐   American Indian or Alaska Native |
| ☐   Asian (includes Asian Indian, Japanese, Chinese, Korean, Vietnamese, Filipino or other Asian) |
| ☐   Native Hawaiian or Pacific Islander (includes Samoan, Chamorro or other Pacific Islander) |
| ☐   Other, two or more races |
| ☐   Other |

| Do you consider yourself Latinx?                    ☐   No |
|---|
| ☐   Yes (this includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Spanish) |

| Do you prefer to work with a Spanish bilingual scholarship counselor?        ☐   Yes    ☐   No |
|---|
| **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.** |

| How did you hear about the T.E.A.C.H. Early Childhood® Program? |
|---|
| ☐   Presentation      ☐   My Center Director      ☐   Website |
| ☐   Mailing      ☐   T.E.A.C.H. Recipient      ☐   CCR&R Agency |
| ☐   Workshop      ☐   College      ☐   Other (please specify): _____ |
| Are you a WECA Member?        ☐   Yes    ☐   No |
| Are you a member of the Wisconsin Registry?    Yes: ID Number _____ Level _____        No |

| **Employment Status** |
|---|
| How long have you worked in the field of early childhood?<br>☐ 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.**<br><br>☐ Family Based Professional<br><br>☐ Teacher (Group Leader – School Age) ☐ Assistant Teacher<br><br>☐ Administrator (Site Supervisor – School Age): Are you the owner of the center? ☐ Yes ☐ No<br><br>☐ Non-Teaching Professional Staff (position) _____<br><br>☐ Non-Teaching Support Staff (may not be eligible for scholarship) (position) _____ |
| What age groups do you teach? (please check all that apply) ☐ Administrator<br>☐ 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.* |
| 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?<br>(Verification required) | How many months do you work per year? |
| What is your current hourly wage?<br>(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: | |
| ☐ No high school diploma | ☐ High school diploma/GED* |
| ☐ Some college* | ☐ 1-Year Certificate* |
| ☐ Associate Degree (Major: _____ ) | ☐ Bachelor's Degree (Major: _____ ) |
| ☐ Masters (Major: _____ ) | ☐ Doctorate |

| |
|---|
| *Year of HS diploma or completed GED: _____ |
| *Name of school/institution: _____ State?: _____ |

| |
|---|
| Please check **one** that best describes your educational goals:<br>☐ Earn an Early Childhood or School-Age Credential<br>☐ Take a few early childhood courses to obtain or upgrade job-related skills<br>☐ Complete credits to meet YoungStar requirements<br>☐ Earn an Early Childhood, Infant/Toddler or School-Age Certificate<br>☐ Earn an Early Childhood Associate Degree<br>☐ Earn an Early Childhood Associate Degree and transfer to a four-year college/university to earn a Bachelor's Degree<br>☐ Earn a Bachelor's Degree in Early Childhood Education<br>☐ Earn or renew a DPI license |

| | |
|---|---|
| Are you currently enrolled at a college? ☐ Yes ☐ No | When would you like your scholarship to begin? |
| What college would you like to attend? _____ | ☐ Fall ☐ Spring ☐ 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 <u>one</u>)**

| | |
|---|---|
| ☐ 3-8 Credit Model | ☐ Administrator Credential |
| ☐ Afterschool & Youth Development Credential | ☐ Diversity Credential |
| ☐ Family Child Care Credential | ☐ Inclusion Credential |
| ☐ Infant Toddler Credential | ☐ Leadership Credential |
| ☐ Preschool Credential | ☐ Program Development Credential |
| ☐ Supporting Dual Language Learners Credential | ☐ Associate Degree Scholarship |

☐ 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.

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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, if applicable)**

Employer Name: _____

Earnings Employer #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

**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). <u>Please do not send cash or fax/email any credit card information.</u>
  ☐   (Family Child Care Providers only) Monthly Income Worksheet

<u>**STATEMENT & SIGNATURE OF APPLICANT**</u>

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.*

*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 |
|---|---|---|---|---|---|
| ☐ | 1% Raise | **3-8 Credit Model** | 3-8 | 3 semesters | 6 months + a 2nd 6 months at sponsor or another regulated WI child care |
| ☐ | $150 Bonus | | | | |
| ☐ | 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 |
| ☐ | 2% Raise | **Credential** | 9-18 | 3 semesters (12 credits) - or- 4 semesters (18 credits) | 12 months |
| ☐ | $300 Bonus | | | | |
| ☐ | 2% Raise | **Associate Degree** | 9-18 | 3 semesters | 12 months |
| ☐ | $250 Bonus | | | | |
| ☐ | 2.5% Raise | **Associate Degree** | 19-30 | | |
| ☐ | $300 Bonus | | | | |
| ☐ | 2% Raise | **Bachelor's Degree** | 9-18 | 3 semesters | 12 months + a 2nd 12 months at sponsor or another regulated WI child care program |
| ☐ | $250 Bonus | | | | |
| ☐ | 2.5% Raise | **Bachelor's Degree** | 19-30 | | |
| ☐ | $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? ☐ Yes ☐ 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 ☐ Email ☐ Phone ☐ Other (may not be available): _____ | | | |
| Program's Email Address | | Program Website | |
| Program Mailing Address (if different) | | | |
| City | State | Zip | County |
| Child Care Program is ☐ Licensed ☐ Certified ☐ YoungStar Participant | | | |
| Auspice: (Check one) ☐ Profit ☐ Non-profit ☐ Head Start | | | |
| Does your center have a 4K Program (Defined as a collaboration between the child care program and the local public school district)? ☐ Yes ☐ No | | | |
| Please check all forms of funding your facility received: ☐ Head Start ☐ Early Head Start ☐ State Head Start ☐ State Pre-K ☐ Title 1 ☐ IDEA ☐ State Subsidies: Contracts (WI Shares) ☐ State Subsidies: Vouchers | | | |
| Is this program accredited by: ☐ NAEYC ☐ NAC (Group Centers) ☐ NAFCC (Family Programs) ☐ 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 |