T.E.A.C.H. Early Childhood® TEXAS Scholarship Application
Required Documentation

Scholarship Applications WILL NOT be processed without the following:

Applicant Name: ____________________________________________________________

Applications may take 2-4 weeks to process.

Do not send any money with this application, payments are only accepted once you are awarded a scholarship.

ALL Applications

☐ ALL fields filled in
☐ Verification of Income (check stub, Schedule C)
☐ Center or Family Home Information Form (page 5)
☐ Participation Agreement Form, signed (page 4)
☐ Copy of High School Diploma or GED

CDA Assessment Fee Scholarship

Please check the following boxes if you have completed the components of the CDA process:

☐ Order your Competency Standard Book from The Council for Professional Recognition
☐ Family Questionnaires
☐ Portfolio
☐ Completed 120 hours of training in the last 5 years (All training hours must be from someone listed in the Texas Trainer Registry or meet the DFPS trainer requirements.)

See link for additional trainer requirements.

https://www.dfps.state.tx.us/Child_Care/Day_Care_Licensing/2012-01-31_new_trainer.asp

☐ Found a Professional Development Specialist.
   Name: ___________________________ Identification Number: ______________________

Associate, Bachelor and Alternative Certification Scholarships

☐ Transcripts from previous coursework or degrees completed

Return this application with required documentation to:

T.E.A.C.H. Early Childhood® Texas
Texas Association for the Education of Young Children
P.O. Box 4997 Austin, Texas 78765
Phone: 512-215-8142   Fax: 866-240-5175   teach@texasaeyc.org

OFFICE USE ONLY

Date Received ___________________ 1st Approval ______
Scholarship Type ___________________ Database ______
                    2nd Approval ______
                    Funder ______

T.E.A.C.H. Early Childhood® TEXAS
T.E.A.C.H. Early Childhood® Texas Scholarship Program

T.E.A.C.H. Early Childhood® Texas is a licensed program of Child Care Services Association

APPLICATION

Type of degree or credential desired
☐ CDA Assessment Fee ☐ Associate Degree/College Credit ☐ Bachelor Degree ☐ Alternative Teacher Certification

When would you like your scholarship to begin? FALL (Aug) SPRING (Jan) SUMMER (May) (year)

Contact Information:
Name ___________________________ (first) ___________________________ (MI) ___________________________ (last)
Preferred Name ___________________________
Physical Address ___________________________
Apt. # ___________________________
City ___________________________ State _____________ Zip _____________ County _____________
Email Address ___________________________
Social Security Number ___________________________
Primary Number ___________________________ (Alternative Number) ___________________________

How did you find out about T.E.A.C.H. Early Childhood® Texas?
☐ Presentation/Workshop ☐ CCR&R ☐ College ☐ Center Director ☐ Website
☐ T.E.A.C.H. recipient (name) ___________________________
☐ Other ___________________________

Educational Background:
☐ No high school diploma ☐ High school diploma/GED ☐ Some college credits ☐ College certificate/diploma
☐ Associate degree ☐ Bachelor degree ☐ Endorsement ___________________________
☐ Masters degree ☐ Doctorate ___________________________

<table>
<thead>
<tr>
<th>School</th>
<th>Dates Attended</th>
<th>Major</th>
<th>Degree or Credit Hours</th>
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Attach all previous college transcripts, unofficial accepted

DEMOGRAPHIC INFORMATION – THIS INFORMATION WILL BE USED FOR STATISTICAL AND DEMOGRAPHIC PURPOSES AND WILL NOT DETERMINE ELIGIBILITY

Gender: ☐ Female ☐ Male Date of Birth ___________________________ (Month) (Day) (Year)

Family Structure
How many people live in your household? __________ (Include Yourself)

Marital Status: ☐ Single ☐ Married

Do you have a spouse or significant other living in your household? Yes ☐ No ☐

Do your parents live in your household? Yes ☐ No ☐ If yes, how many? __________

Do you have siblings living in your household? Yes ☐ No ☐ If yes, how many? __________

Do you have children living in your household? Yes ☐ No ☐ If yes, how many? __________
DEMOGRAPHIC INFORMATION – THIS INFORMATION WILL BE USED FOR STATISTICAL AND DEMOGRAPHIC PURPOSES AND WILL NOT DETERMINE ELIGIBILITY

Ethnicity:
Are you of Hispanic, Latino, or Spanish origin?
☐ No ☐ Yes, Cuban
☐ Yes, Mexican, Mexican American, Chicano ☐ Other Hispanic, Latino, or Spanish —_____________
☐ Yes, Puerto Rican

Do you consider yourself…?
☐ White ☐ Chinese ☐ Other Asian: —_____________
☐ Black, African American ☐ Korean ☐ Other Pacific Islanders: ———
☐ American Indian or Alaska Native ☐ Guamanian or Chamorro ☐ Other Race: ———
☐ Asian Indian ☐ Filipino ☐ Native Hawaiian
☐ Japanese

Languages I can speak fluently:
☐ Arabic ☐ Korean ☐ Thai
☐ Armenian ☐ Lao ☐ Tribal: ———
☐ Chinese ☐ Persian ☐ Urdu
☐ Creole ☐ Polish ☐ Vietnamese
☐ English ☐ Portuguese ☐ Yiddish
☐ French ☐ Russian ☐ Other: ———
☐ Greek ☐ Spanish
☐ Hindi ☐ Swahili
☐ Japanese ☐ Tagalog

Preferred language: —_____________

EMPLOYMENT STATUS (check all that apply)

What is your current job title?
☐ Teacher ☐ Assistant teacher
☐ Administrator ☐ Owner/director
☐ Family based professional ☐ Non-teaching professional staff (not eligible for T.E.A.C.H.)
☐ Non-teaching support staff (specify) ———

How long have you worked in the early childhood field?
☐ less than 2 years ☐ 6-10 years
☐ 2-5 years ☐ 10+ years

What age groups do you teach?
☐ Infants (0-12 months) ☐ Toddler (13-36 months)
☐ Preschool (37 months-PreK) ☐ School age

Have you taken any college credits in the past two years? ☐ Yes ☐ No

Have you taken any Early Childhood Education credits in the past two years? ☐ Yes ☐ No

Has either of your parents or any of your brothers or sisters attended college? ☐ Yes ☐ No

Does either of your parents or any of your brothers or sisters have a college degree? ☐ Yes ☐ No

Are you CPR/first aid certified? ☐ Yes ☐ No

Check all of the credentials and specializations you CURRENTLY hold:
☐ CDA: Infant/Toddler ☐ CDA: Home visitor
☐ CDA: Preschool ☐ Specialization: Bi-lingual (language: ———)
☐ CDA: Family Child Care ☐ Iowa Teaching License (endorsement: ———)

T.E.A.C.H. Early Childhood® TEXAS
Are you currently enrolled in an early childhood program at a Texas community college or university? [ ] Yes [ ] No

If yes, what school are you attending? 

If yes, which coursework are you working on?

☐ CDA for college credit  ☐ CDA renewal course  ☐ Child care certificate  ☐ AA/AS/AAS degree

☐ Bachelor degree in ECE

If no, which community college or university in Texas would you like to attend? 

Please check one that best describes your educational goals:

☐ Early childhood or school-age credential (CDA)  ☐ Take a few early childhood courses to obtain/upgrade job-related skills

☐ Early childhood associate degree  ☐ Early childhood, infant/toddler or school-age certificate (diploma)

☐ Bachelor degree in early childhood education

☐ Early childhood associate degree and transfer to a four-year college/university to earn a bachelor degree

☐ Bachelor degree in early childhood or child and family studies

☐ Complete coursework to help program meet a quality measure

How many children are in your classroom or child care home? ______

How many hours per week do you work? ______

How many of these hours are directly providing care? ______

How many hours per week is your program open? ______

How many months per year do you work? ______

Beginning date of employment at current facility? ______

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STATEMENT OF INCOME - THIS INFORMATION WILL BE USED FOR STATISTICAL AND DEMOGRAPHIC PURPOSES AND WILL NOT DETERMINE ELIGIBILITY

Job #1 Employer ____________________________ Hours/Week ______  Earnings/Pay _________

(hourly rate preferred)

Have you applied for financial aid by filling out the FAFSA? [ ] Yes [ ] No

Have you applied for any other financial aid (such as grants or student loans)? [ ] Yes [ ] No

YOUR TOTAL INCOME $_________________________ attach a copy of most recent pay stub or schedule C (home providers)

TOTAL FAMILY INCOME (spouse included) $_________________________

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Participation Agreement

I attest to the fact that the information that I have provided is true and accurate. Based on this information, I am applying to T.E.A.C.H. Early Childhood® Texas for a scholarship to help pay for educational expenses. Include documentation on the checklist located on page 7.

Signature of Applicant ____________________________ Date ____________

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T.E.A.C.H. Early Childhood® TEXAS
### A. CHILD CARE CENTER or FAMILY HOME INFORMATION

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<tr>
<th>Center Name</th>
<th>License Number</th>
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<tr>
<th>License Type</th>
<th>Full Permit</th>
<th>Initial Permit</th>
<th>Registered</th>
<th>Certified</th>
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<th>Address</th>
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<th>City, State, Zip</th>
<th>County</th>
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<thead>
<tr>
<th>Phone Number</th>
<th>Email</th>
<th>Director/Owner</th>
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Is this child care program owned or managed by another organization?

- Yes
- No

If yes, please provide the company name and billing address where we should send checks and invoices if different than above:

- Company Name: ____________________________
- Attention: ____________________________
- Address: ____________________________
- City: ____________
- Zip: ____________

Please fill this portion out to complete the application. Failure to provide this information will delay the review process.

- Center Auspice (check one): Profit Nonprofit Head Start Public Pre-K Military Faith-based

<table>
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<tr>
<th>Center Capacity</th>
<th>Number of children currently enrolled:</th>
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<tr>
<th>Total number of Workforce subsidized children served</th>
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<tr>
<th>Total number of: Full-Time Staff Part-Time Staff</th>
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<tr>
<th>Number of staff employed less than 12 months:</th>
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Is your Center accredited?

- Yes
- No

If yes, by whom?

Is your center a Texas Rising Star center?

- NO
- 1 Star
- 2 Star
- 3 Star
- 4 Star
- 5 Star

Besides Parent Fees, please check all forms of funding your facility receives:

- Head Start
- Early Head Start
- State PreK
- Title 1
- IDEA

- State Subsidies (Contracts: Texas Workforce Subsidies)

**Please include a copy of the contract showing subsidized children are accepted into the program.**

### Center/Program Participation Agreement

The T.E.A.C.H. Early Childhood® Texas scholarship project offered through the Texas Association for the Education of Young Children requires the participation of each scholarship recipient’s employing child care program. In the event this applicant is awarded a scholarship, I understand the program agrees to participate according to the scholarship option chosen. (This *could* include paid time off, money for tuition and books, and compensation at the end of the contract.)

**Signature of Director/Supervisor**

**Printed Name**

**Date**

T.E.A.C.H. Early Childhood® TEXAS
# Participation Agreement

**Please Select ONE Scholarship Option That Works Best for You and Your Place of Employment**

*(For additional details on Scholarship Models please visit www.texasaeyc.org)*

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<tr>
<th>Check One</th>
<th>Model</th>
<th>Office Use Only</th>
<th>Portion of Tuition (Maximum of 6 Credits/Semester)</th>
<th>Credits Per Contract (Contract Period 1 Year)</th>
<th>Release Time</th>
<th>Compensation</th>
<th>Recipient Commitment</th>
</tr>
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## Associate Degree/College Credit Scholarships

| **E**     | Associate Degree/College Credit (Teachers/Directors) | AT1/ADE1      | T.E.A.C.H.: 80% Sponsor: 10% Recipient: 10%       | 12-15                                          | Up to 4 Hours Per Week | T.E.A.C.H.: $300 Sponsor: 2% Raise | One Year    |
| **F**     | Associate Degree/College Credit (Teachers/Directors) | AT4/ADE4      | T.E.A.C.H.: 80% Sponsor: 10% Recipient: 10%       | 12-15                                          | Up to 4 Hours Per Week | T.E.A.C.H.: $300 Sponsor: $300     | One Year    |

## Bachelor Degree/Alternative Certification Scholarships

| **G**     | Bachelor Degree (Teachers/Directors) | BT1/BDE1      | T.E.A.C.H.: 80% Sponsor: 10% Recipient: 10%       | 12-18                                          | Up to 4 Hours Per Week | T.E.A.C.H.: $500 Sponsor: 2% Raise | Eighteen Months |
| **H**     | Bachelor Degree (Teachers/Directors) | BT2/BDE2      | T.E.A.C.H.: 80% Sponsor: 10% Recipient: 10%       | 12-18                                          | Up to 4 Hours Per Week | T.E.A.C.H.: $500 Sponsor: $300     | Eighteen Months |
| **I**     | Bachelor Degree (Family Home Providers/Owners) | BF/BO        | T.E.A.C.H.: 80% Recipient: 20%                    | 12-18                                          | Up to 4 Hours Per Week | T.E.A.C.H.: $500 Sponsor: $300     | Eighteen Months |

Your signature is required to affirm you agree to the above requirements for the option you selected; final review of scholarship option will also be outlined on contract, if the applicant is award.

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**Director/Owner Name**

**Signature**

**Contact Number**

**Applicant Name**

**Signature**

**Date**

T.E.A.C.H. Early Childhood® TEXAS
Be sure to attached two forms of identification with your application as outlined in the form above.