

**T.E.A.C.H. Early Childhood® Alabama**  
**Associate Degree Scholarship Application for**  
**Family Child Care Home Providers**

**GENERAL INFORMATION:**

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Female  Male

**FAMILY STRUCTURE:**

Including *yourself*, how many family members live in your household: \_\_\_\_\_

- Family Type:  Single, no children  Married, no children  
 Single parent  Married parent

**EMPLOYMENT STATUS:**

What is your current job title?

- Teacher  Administrator  Non-Teaching Professional Staff  
 Assistant Teacher  Family Based Professional  Non-Teaching Support Staff

What age groups do you teach? (Please check all that apply)

- Infants (0-12 months)  Preschool (37 Months-Pre-K)  
 Toddlers (13-36 Months)  School Age

How long have you worked in the field of early childhood?

- Less than 2 Years  6-10 Years  
 2-5 Years  10+ Years

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

How many hours per week do you work? \_\_\_\_\_

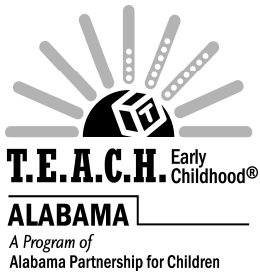
How many months per year do you work? \_\_\_\_\_

Beginning date of employment at your current facility? \_\_\_\_\_

What is your current hourly wage? \_\_\_\_\_

Is your center an Alabama First Class Pre-K site? \_\_\_\_\_

Are you a teacher in an Alabama First Class Pre-K classroom? \_\_\_\_\_



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**ETHNICITY:**

Are you of Hispanic, Latino or Spanish origin?

- |  |  |
|--|--|
| <input type="checkbox"/> No                                      | <input type="checkbox"/> Yes, Cuban                        |
| <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano | <input type="checkbox"/> Other Hispanic, Latino or Spanish |
| <input type="checkbox"/> Yes, Puerto Rican                       |  |

Do you consider yourself...?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> White                            | <input type="checkbox"/> Chinese               | <input type="checkbox"/> Other Asian:<br>_____             |
| <input type="checkbox"/> Black, African American          | <input type="checkbox"/> Korean                | <input type="checkbox"/> Other Pacific Islanders:<br>_____ |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other Race:<br>_____              |
| <input type="checkbox"/> Asian Indian                     | <input type="checkbox"/> Filipino              |  |
| <input type="checkbox"/> Japanese                         | <input type="checkbox"/> Vietnamese            |  |
| <input type="checkbox"/> Native Hawaiian                  | <input type="checkbox"/> Samoan                |  |

How did you hear about the T.E.A.C.H. Early Childhood® Project?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Presentation   | <input type="checkbox"/> College              | <input type="checkbox"/> Workshop                         |
| <input type="checkbox"/> Mailing        | <input type="checkbox"/> My Center Director   | <input type="checkbox"/> Website                          |
| <input type="checkbox"/> CCR & R Agency | <input type="checkbox"/> T.E.A.C.H. Recipient | <input type="checkbox"/> Other (please specify):<br>_____ |

Please check the box that best describes your educational history:

- |  |   |                                    |
|--|---|------------------------------------|
| <input type="checkbox"/> No high school diploma  | <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Masters   |
| <input type="checkbox"/> High school diploma/GED | Major: _____                              | Major: _____                       |
| <input type="checkbox"/> 1-year certificate      | <input type="checkbox"/> Bachelor Degree  | <input type="checkbox"/> Doctorate |
|  | Major: _____                              | Major: _____                       |

Please check one that best describes your educational goals:

- Earn an Early Childhood or School-Age Credential
- Take a few Early Childhood courses to obtain or upgrade job-related skills
- Take Early Childhood courses to complete credit hours for a CDA Credential
- Earn an Early Childhood, Infant/Toddler or School-Age Certificate
- Earn an Early Childhood Associate Degree
- Earn an Early Childhood Associate Degree and transfer to a four-year college/university to earn a Bachelor's Degree

Are you currently enrolled at a community college?  Yes  No

If yes, what is your major?

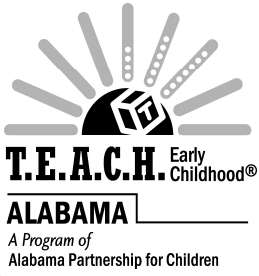
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When would you like your scholarship to begin? (circle one)

FALL                      SPRING                      SUMMER                      \_\_\_\_\_ (year)

Which community college would you like to attend?

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What are your professional goals in Early Childhood Education? Describe how a degree will help you achieve these goals. Be sure to include your long term career goals.

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Is there anything else about yourself that you would like us to consider while reviewing your application?

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**STATEMENT OF INCOME:**

**Job #1:** Employer \_\_\_\_\_  
Hours/Week \_\_\_\_\_ Earnings \_\_\_\_\_ per \_\_\_\_\_

**Job #2:** Employer \_\_\_\_\_  
Hours/Week \_\_\_\_\_ Earnings \_\_\_\_\_ per \_\_\_\_\_

Have you applied for any other financial aid (such as Pell Grants, Leadership Scholarship or student loans?)

Yes  No

**Source of financial aid #1:** \_\_\_\_\_

Date of application: \_\_\_\_\_  
Application Status:  AWARDED  DENIED  PENDING

**Source of financial aid #2:** \_\_\_\_\_

Date of application: \_\_\_\_\_  
Application Status:  AWARDED  DENIED  PENDING

**YOUR TOTAL INCOME \$** \_\_\_\_\_

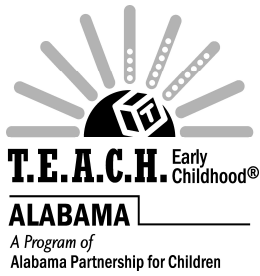
**YOUR TOTAL FAMILY INCOME (your spouse included) \$** \_\_\_\_\_

**Statement and Signature of Applicant**

I attest to the fact that the information that I have provided is true and accurate. Based on this information I am applying to Alabama Partnership for Children for a scholarship to help pay the cost of educational expenses.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## T.E.A.C.H. Early Childhood® Alabama Associate Degree Scholarship Application for Family Child Care Home Providers

### Family Child Care Home Provider Income Worksheet

*Instructions: This sheet is to help you determine your monthly earnings from your child care center/family child care home. For each question, uses the amount you made or spent last month. Special instructions are in italics.*

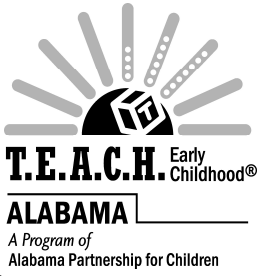
Remember, you must include income verification such as copies of receipts for each of the children in your care or a statement detailing your weekly rate and number of children in your care.

1. What is the total amount paid to you by parents each week? \_\_\_\_\_
2. Total monthly parent fees—weekly fees x 4.33 (weeks per month) \_\_\_\_\_
3. How much was your Child & Adult Care Food Program Reimbursement? (*Attach copy of check stub*) \_\_\_\_\_
4. How much was your Department of Human Resources or Child Care Management Agency subsidy for children in your care? (*Attach copy of check stub*) \_\_\_\_\_
5. **Total monthly revenue (add lines 2, 3, and 4)** \_\_\_\_\_

How much did you spend for children in your child care center/family child care home last month on:

6. Food \_\_\_\_\_
7. Toys \_\_\_\_\_
8. Assistant/Substitute Care \_\_\_\_\_
9. Crafts/Supplies \_\_\_\_\_
10. Transportation (\$0.25/mile) \_\_\_\_\_
11. Training Fees \_\_\_\_\_
12. Gifts for Children/Families \_\_\_\_\_
13. Other (Specify): \_\_\_\_\_
14. **Total monthly expenses (add lines 6-13)** \_\_\_\_\_

Revenue (line 5)	—	Expenses (line 14)	=	Monthly Earnings
minus				



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**Family Child Care Home Participation Agreement**

**(This agreement must be completed in order to process application)**

The Child Care Associate Degree Scholarship Program offered through the Alabama Partnership for Children requires the participation of each scholarship recipient's employing child care center.

In the event that I am awarded a scholarship, I agree to the following participation requirements:

1. Pay 20% of the cost of tuition and books for courses totaling 9-15 credit hours at a local community college.
2. Complete 9-15 credit hours in Early Childhood Education during a 12 month period.
3. Continue the operation of my family child care home for one year after completion of the course requirements.

Dept. of Human Resources License #: \_\_\_\_\_ County: \_\_\_\_\_

Center/Home Name: \_\_\_\_\_

Director's Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Location Address:**

\_\_\_\_\_  
\_\_\_\_\_ zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_ zip \_\_\_\_\_

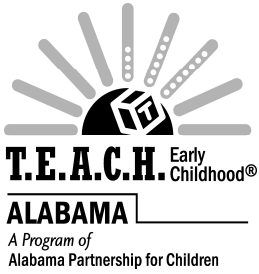
\_\_\_\_\_ zip \_\_\_\_\_

Please print name of director or chairperson/owner: \_\_\_\_\_

Signature of director or chairperson/owner: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR CURRENT DHR LICENSE HERE**



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**To be completed by Center Director or Chairperson/Owner:**

***FOR ALL PROGRAMS:***

**Type:**  Center  Family Home  Family Group Home

**Center Auspices:**  Profit  Nonprofit  Head Start  
 Religious/Church  Public School

**Number of children licensed/registered to care for:** \_\_\_\_\_ **Number currently enrolled:** \_\_\_\_\_

**Is your center accredited?**  Yes  No

**If yes, by whom?** \_\_\_\_\_

**Please check all forms of funding your facility receives:**

- |   |   |
|---|---|
| <input type="checkbox"/> Head Start       | <input type="checkbox"/> Title I                    |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> IDEA                       |
| <input type="checkbox"/> State Head Start | <input type="checkbox"/> State Subsidies: Contracts |
| <input type="checkbox"/> State Pre-K      | <input type="checkbox"/> State Subsidies: Vouchers  |

***FOR HEAD START OR MULTI-SITE PROGRAMS:***

**Is this child care program owned or managed by another organization?**  Yes  No

**If yes, give the parent company name/address:**

**Parent Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Return this application with income verification and DHR license to:**

T.E.A.C.H. Early Childhood® ALABAMA  
2595 Bell Road  
Montgomery, Alabama 36117

If you have any questions, please call 1-866-711-4025 (toll-free) or 334-271-0304.

[AlabamaPartnershipforChildren.org](http://AlabamaPartnershipforChildren.org)