



TEACH Early Childhood® Alabama Scholarship Application

Application deadlines: November 15 for spring semester, April 15 for summer semester, July 15 for fall semester

Type of Scholarship desired (please choose only one option):

- ☐ CDA Assessment Fee ☐ Associate Degree (Child Development)
☐ Bachelor Degree (Early Childhood Ed. Or Human Development and Family Studies)

GENERAL INFORMATION:

Social Security Number: - - Date: _____

Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ County: _____

Physical mailing, (if different): _____ City: _____

State: _____ Zip: _____ County: _____

Phone: Home: () _____ Cell: () _____ Work: () _____

Email Address: _____

Date of Birth (mm/dd/yyyy): / / Gender (Optional): _____

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
☐ Director ☐ Assistant Director

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? _____



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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? ☐ Yes ☐ No

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

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

If Yes, how many? _____

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

Do 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

ETHNICITY:

Do you consider yourself...? Check all that apply.(Optional)

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other:_____ |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Two or more races |
| <input type="checkbox"/> Middle Eastern or North African | |

Languages you can speak fluently (please check all that apply):

- ☐ Arabic ☐ Armenian ☐ Chinese ☐ Creole ☐ English ☐ French ☐ Greek ☐ Hindi ☐ Japanese
☐ Korean ☐ Lao ☐ Persian ☐ Polish ☐ Portuguese ☐ Russian ☐ Spanish ☐ Vietnamese
☐ Other:_____

What is your preferred language? _____

How did you hear about the TEACH Early Childhood® Program?

- | | | |
|---|---|-----------------------------------|
| <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"/> TEACH Recipient Name:_____ | |
| <input type="checkbox"/> Other (please specify):_____ | | |



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EDUCATIONAL BACKGROUND:

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: _____ |

Check all of the credentials and specializations you currently hold:

- ☐ CDA: Infant/Toddler ☐ CDA: Preschool
☐ CDA: Family Child Care ☐ CDA: Home visitor
☐ Specialization: Bi-lingual (Language: _____)
☐ AL State Teaching License

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 CDA 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
☐ Earn a Bachelor's Degree in Early Childhood Education
☐ Earn a Bachelor's Degree in Human Development and Family Studies/Child Development
☐ Earn a P-3 Certification

What type of CDA Assessment are you applying for? ☐ N/A

- ☐ Center-based infant/toddler program (children up to 36 months)
☐ Center-based preschool program (children 3-5 years)
☐ Family child care program (small or large child care home)
☐ Home visitor program
☐ Bilingual Specialization

Are you currently enrolled in an Early Childhood Degree or Child Development program at a university or community college in Alabama?

- ☐ Yes ☐ No

If yes, what is your major?

- ☐ Early Childhood Education
☐ Human Development and Family Studies
☐ Child Development
☐ P-3 Certification
☐ Other (Please Specify Major): _____

PLEASE ATTACH A COPY OF YOUR COLLEGE TRANSCRIPTS (Bachelor degree applicants ONLY)



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For Associate and Bachelor Scholarships Only:

How far have you progressed toward your degree? Please submit your college transcripts with this application (*Bachelor Scholarship Only*).

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

FALL

SPRING

SUMMER

_____ (year)

Which Alabama-based community college or university would you like to attend?

For CDA Scholarships Only:

Are you completely ready to submit your CDA application? ☐ Yes ☐ No

Have you completed the required 120 hours of training in the 8 CDA training areas? ☐ Yes ☐ No

Have you completed the required 480 hours of experience working with children within the past five years? ☐ Yes ☐ No

Have you completed your CDA Portfolio? ☐ Yes ☐ No

Have you completed at least 75% of required Parent Opinion Questionnaires? ☐ Yes ☐ No

Has your Formal Observation by your CDA Professional Development Specialist(PDS) been completed?
☐ Yes ☐ No

Do you have other scholarships or funding to assist in paying for your CDA assessment fee? If yes, please specify: _____ ☐ Yes ☐ No

PERSONAL STATEMENT & PARTICIPATION AGREEMENT (ALL applicants must answer)

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?

Participation Agreement

I understand that I am required to pay 10-20% of the tuition and book costs for courses leading to an Associate's or Bachelor's Degree when applying for those programs. Additionally, I agree to continue working at my sponsoring program for one year after completing 9-18 credit hours within a contract year.

If I am applying for the CDA assessment fee scholarship, I understand that I am responsible for paying \$24.50 (or \$49.00 for family home providers and center owners). I also agree to continue operating or working at my sponsoring program for one year after earning my CDA.

(signature of applicant)

STATEMENT OF INCOME:

Job #1: Employer _____
Hours/Week _____ Earnings _____ per _____

Job #2: Employer _____
Hours/Week _____ Earnings _____ per _____

Associate and Bachelor applicants: 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



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YOUR TOTAL INCOME \$ _____

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

PLEASE ATTACH A COPY OF YOUR MOST RECENT PAY STUB

Center Participation Agreement

(This agreement must be completed by the sponsoring program's chairperson/owner in order to process application)

The TEACH Early Childhood® Alabama Scholarship Program offered through the Alabama Partnership for Children requires the participation of each scholarship recipient's employing program.

In the event that _____ (insert applicant's name) is awarded a scholarship, I understand that the sponsoring program agrees to participate in one of the following ways. **(Please only check one option per application).**

For CDA Assessment Fee Scholarships:

_____ Option #1-For Center Based Programs (CDAT)

Participant Agrees to:

1. Pay 7.5% of the assessment fee (\$24.50).
2. Submit assessment application to the Alabama Partnership for Children.
3. Complete the CDA assessment.
4. Commit to remaining employed in sponsoring child care center for 1 year after receiving the CDA Credential.
5. Provide the Alabama Partnership for Children with a copy of CDA credential upon attainment.
6. TEACH provides \$200 bonus.

Center Agrees to:

1. Pay 7.5% of the assessment fee (\$24.50).
2. Allow observation of teacher in the center by a representative from the Council for Early Childhood Professional Recognition.



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Option #2-For Family Child Care Homes/Center Owners (CDAF)

Participant Agrees to:

1. Pay 15% of the assessment fee (\$49.00).
2. Submit assessment application to the Alabama Partnership for Children.
3. Complete the CDA assessment.
4. Commit to keeping registered Family Child Care Home in operation for 1 year after receiving the CDA Credential.
5. Provide the Alabama Partnership for Children with a copy of CDA credential upon attainment.
6. TEACH provides \$200 bonus.

For Associate Degree Scholarships: (Recipient is responsible for 10% of tuition and books each semester, 20% for family home provider or center owner)

Option #1-Raise Option (AT1)

Center Agrees to:

1. Pay 10% of the cost of tuition and books for courses totaling 9-15 credit hours at a local community college for the scholarship employee.
2. Provide paid release time (if applicable) each week for my scholarship employee. The amount of release time is equal to the number of credit hours the employee is taking up to a maximum of six hours per week. Release time will be provided when the college is in session.
3. At the end of the contract, upon completion of 9-15 credit hours, issue a 2% raise based on the employee's current annual salary.
4. At the end of the contract, TEACH provides \$300 yearly bonus.

Option #2-Bonus Option (AT2)

Center Agrees to:

1. Pay 10% of the cost of tuition and books for courses totaling 9-15 credit hours at a local community college for the scholarship employee.
2. Provide paid release time (if applicable) each week for my scholarship employee. The amount of release time is equal to the number of credit hours the employee is taking up to a maximum of six hours per week. Release time will be provided when the college is in session.
3. At the end of the contract, upon completion of 9-15 credit hours award a \$300 bonus to the scholarship employee.
4. At the end of the contract, TEACH provides \$300 yearly bonus.

Option #1- Director is an employee of the center (AD1)

Center Agrees to:

1. Pay 10% of the cost of tuition and books for courses totaling 12-15 credit hours at a local community college for the scholarship employee.
2. At the end of the contract, upon completion of 12-15 credit hours, issue a \$300 bonus to the scholarship employee.
3. At the end of the contract, TEACH provides \$300 yearly bonus



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_____ **Option #2 -Director is also owner of the center (AD2)**

1. You pay 20% of the cost of tuition and books for courses totaling 12-15 credit hours at a local community college.
2. Continue the operation of my child care center for one year after completion of the course requirements.
3. At the end of the contract, TEACH provides \$300 yearly bonus.

_____ **Family Child Care Provider Associate Degree Option (AF)**

1. You 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.
4. At the end of the contract, TEACH provides \$300 yearly bonus.

For Bachelor Degree Scholarships: (Recipient is responsible for 10% of tuition and books each semester, 20% for family home provider or center owner)

_____ **Option #1-Raise Option (BT1)**

Center Agrees to:

1. Pay 10% of the cost of tuition and books for courses totaling 9-18 credit hours at an approved college or university for the scholarship employee.
2. Provide paid release time (if applicable) each week for my scholarship employee. The amount of release time is equal to the number of credit hours the employee is taking up to a maximum of six hours per week. Release time will be provided when the college or university is in session and the recipient is enrolled in coursework.
3. At the end of the contract, upon completion of 9-18 credit hours, employer issues a 2% raise.
4. At the end of the contract, TEACH provides \$375 yearly bonus for the completion of 9-15 credit hours and \$500 for completion of 18 or more credit hours.

_____ **Option #2-Bonus Option (BT2)**

Center Agrees to:

1. Pay 10% of the cost of tuition and books for courses totaling 9-18 credit hours at an approved college or university for the scholarship employee.
2. Provide paid release time (if applicable) each week for my scholarship employee. The amount of release time is equal to the number of credit hours the employee is taking up to a maximum of six hours per week.
3. Release time will be provided when the college or university is in session and the recipient is enrolled in coursework.
4. At the end of the contract, upon completion of 9-18 credit hours, award a \$300 bonus.
5. At the end of the contract, TEACH provides \$375 yearly bonus for the completion of 9-15 credit hours and \$500 for completion of 18 or more credit hours.

_____ **Family Child Care Provider/Center Owner Bachelor Degree Option (BF)**

1. You pay 20% of the cost of tuition and books for courses totaling 9-18 credit hours at an approved college or university.
2. Complete 9-18 credit hours in Early Childhood Education during a 12 month period.



A Program of Alabama Partnership for Children

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3. Continue the operation of my family child care home/center for one year after completion of the course requirements.
4. At the end of the contract, TEACH provides \$375 yearly bonus for the completion of 9-15 credit hours and \$500 for completion of 18 or more credit hours.

To be completed by Sponsoring Program's Director, Administrator, Owner, Chairperson:

Dept. of Human Resources License #: _____

☐ N/A- Alabama First Class Pre- K Program

County: _____

Facility/Center/Home Name: _____

Administrator/ Director's Name: _____ Email: _____

Location Address:

_____ zip _____

Phone (_____) _____

Fax (_____) _____

Mailing Address (For paperwork/invoices):

_____ zip _____

_____ zip _____

Please print name of director or chairperson/owner: _____

Signature of director or chairperson/owner: _____

Date: _____

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? _____



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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: _____

APPLICATION CHECKLIST (TO BE COMPLETED BY THE APPLICANT):

- ☐ Completed TEACH application
- ☐ DHR License (not applicable if employed with First Class Pre-K)
- ☐ Paystub/ Pay Verification Letter
- ☐ College Transcript: official or unofficial (**Bachelor applicants only**)
- ☐ Customer ID # (**CDA Applicants only**)

Return this application with required documentation to:

TEACH Early Childhood® Alabama
2595 Bell Road
Montgomery, Alabama 36117
Email: teach@apcteam.org Fax : 334-271-0315

If you have any questions, please call TEACH at 334-694-2400 or 334-271-0304.
AlabamaPartnershipforChildren.org



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Center Owner/Family Child Care Provider Monthly Income Worksheet

Complete this form only if you are a family childcare provider/ center owner and are applying for a scholarship for yourself.

Instructions: This sheet is to help you determine your monthly earnings from your child care center/family child care home. For each question, use 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 and subsidy payments.

Example: bank statements/check stubs for Head Start, childcare subsidy, or food subsidy program payments.

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)

—
minus

Expenses (line 14)

=
equals

Monthly Earnings