



### T.E.A.C.H. Early Childhood® VERMONT Bachelor's Degree Scholarship Application for Center Staff

\*Please complete *all* questions, attach pay stub, and ensure signatures are acquired in order for application to be considered complete\*

### T.E.A.C.H. Early Childhood® VERMONT Bachelor's Degree Scholarship Eligibility Requirements

1. Work in a Vermont regulated preschool, child care center, or home program for at least 30 hours per week.
2. Has worked with children birth to age 5 in their current program for at least 3 months.
3. Work in a program that has no recurring licensing violations per Child Development Division Child Care Licensing Division.
4. Is working toward an early childhood degree at a Vermont college (*or would like to be*)
5. As a professional, be willing to make a commitment to continue working at your present place of employment for one year after your contract ends.
6. Has the support of their employer and provides proof of participation or willingness to participate in a quality initiative such as STARS, Head Start, or NAEYC/NAFCC accreditation.



**T.E.A.C.H. Early Childhood® VERMONT Bachelor's Degree Scholarship Application for Center Staff**

**\*Please complete *all* questions, attach pay stub, and ensure signatures are acquired in order for application to be considered complete\***

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

**Personal Information**

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

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Email: \_\_\_\_\_

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

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
(mm/dd/yyyy)

**Ethnicity**

***Do you consider yourself....?***

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian or Alaska Native  | <input type="checkbox"/> Asian (includes Asian Indian, Japanese, Chinese, Korean, Vietnamese, Filipino or other Asian) |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander (includes Samoan, Chamorro or other Pacific Islander) | <input type="checkbox"/> Other (two or more races)   |
| <input type="checkbox"/> Black or African American   | <input type="checkbox"/> Other   |
| <input type="checkbox"/> White   |  |

***Do you consider yourself Latinx?***

- |  |                             |
|--|-----------------------------|
| <input type="checkbox"/> Yes (includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Spanish) | <input type="checkbox"/> No |
|--|-----------------------------|

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Presentation          | <input type="checkbox"/> My Center Director   | <input type="checkbox"/> Child Development Division |
| <input type="checkbox"/> Mailing               | <input type="checkbox"/> T.E.A.C.H. Recipient | <input type="checkbox"/> Social Media (Insta or FB) |
| <input type="checkbox"/> Northern Lights @ CCV | <input type="checkbox"/> Workshop             | <input type="checkbox"/> Mentor: _____              |
| <input type="checkbox"/> College               | <input type="checkbox"/> Website              | <input type="checkbox"/> Other: _____               |

**Employment Status**

What is your current job title?	<input type="checkbox"/> Teacher	Teacher Associate	Teacher Assistant
	<input type="checkbox"/> Trainee	Classroom Aide	<input type="checkbox"/> Director
	<input type="checkbox"/> Director Owner	Other: _____	

When did you begin employment at your current facility? \_\_\_\_\_

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

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

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

How many children are in your classroom? \_\_\_\_\_

How long have you worked in the field of early childhood education?	<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 age groups do you teach (please check all that apply)?	<input type="checkbox"/> Infants (0-12 months)	<input type="checkbox"/> Toddler (13-36 months)
	<input type="checkbox"/> Preschool (37 months to Pre K)	<input type="checkbox"/> School Age

**Please check the boxes that best describe your educational history:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> No high school diploma  | <input type="checkbox"/> Apprenticeship Certificate<br>Year _____      | <input type="checkbox"/> Bachelor Degree: Year _____<br>Major: _____   |
| <input type="checkbox"/> High school diploma/GED<br>Year _____                               | <input type="checkbox"/> College Child Care<br>Certificate: Year _____ | <input type="checkbox"/> Master's Degree: Year _____<br>Major: _____   |
| <input type="checkbox"/> Technical Education<br>Center/Human Services<br>Program: Year _____ | <input type="checkbox"/> Associate Degree: Year _____<br>Major: _____  | <input type="checkbox"/> Doctorate: Year _____<br>Concentration: _____ |
| <input type="checkbox"/> CDA Credential: Year _____  |  |  |

**Please check one that best describes your educational goal:**

- Earn a Bachelor Degree
- Earn a Master's Degree
- Earn an Early Childhood or Early Childhood Special Education License

Have you earned college credits in the past two years?  
 YES, how many total credits? \_\_\_\_\_ How many ECE credits? \_\_\_\_\_  NO

At what college or university have you earned college credit? \_\_\_\_\_

What school would you like to attend to complete your Bachelor's Degree?

- |                             |                         |                   |
|-----------------------------|-------------------------|-------------------|
| Northern Vermont University | Saint Michael's College | Champlain College |
| Springfield College         | Castleton University    |                   |

When would you like your scholarship to begin? FALL SPRING  SUMMER \_\_\_\_\_ (YR)

**Which of the following credentials and specializations do you currently hold?**

**Please submit a copy of any certificates or licenses you hold.**

- CDA: Infant/Toddler
- CDA: Preschool
- CDA: Family Child Care
- CDA: Home Visitor
- Specialization: Bi-Lingual (language: \_\_\_\_\_)
- Apprenticeship Certificate
- Child Care Certificate
- Teaching License (State/Level \_\_\_\_\_)
- Northern Lights Career Ladder Level Certificate: Level Reached \_\_\_\_\_

Are you familiar with the Early Childhood Career Ladder?  YES  NO

Do you actively use your Bright Futures Information System (BFIS) Quality Credential Account?

- YES, Account # \_\_\_\_\_
- NO
- NOT SURE

*If you are unsure of your account number, please find it at [www.brightfutures.dcf.state.vt.us/](http://www.brightfutures.dcf.state.vt.us/)*

Do you have a NAEYC/VTAEYC Membership?  YES, Account # \_\_\_\_\_  NO

**\*\*Please note: You are required to become a VTAEYC member upon signing a TEACH contract.\*\***

**Statement of Income: (Please attach a copy of your most recent pay stub(s))**

Job #1 Employer \_\_\_\_\_

Hours/Week \_\_\_\_\_ Earnings \_\_\_\_\_ per \_\_\_\_\_

Job #2 Employer \_\_\_\_\_

Hours/Week \_\_\_\_\_ Earnings \_\_\_\_\_ per \_\_\_\_\_

<b>You must apply for Federal financial aid (FAFSA). Have you applied?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If no, please contact VSAC immediately for assistance 1-800-642-3177 or [info@vsac.org](mailto:info@vsac.org)

Other Source of financial aid #1 \_\_\_\_\_

Date of application \_\_\_\_\_

Application Status:  AWARDED  DENIED  SUBMITTED/PENDING

Other Source of financial aid #2 \_\_\_\_\_

Date of application \_\_\_\_\_

Application Status:  AWARDED  DENIED  SUBMITTED/PENDING

**Please attach your financial award or denial letter(s) here or submit them separately if status is currently pending.**

HAVE YOU EVER DEFAULTED ON STUDENT LOANS IN THE PAST?  Yes  No

YOUR TOTAL ANNUAL INCOME \$ \_\_\_\_\_

YOUR TOTAL ANNUAL FAMILY INCOME (all household adult earnings) \$ \_\_\_\_\_

**Family Structure**

How many people total live in your household? \_\_\_\_\_

_____	Number of	Relationship
_____	_____	Parents
_____	_____	Siblings
_____	_____	Spouse/Significant Other
_____	_____	Children
_____	_____	Other

Have any of your parents or any of your brothers and sisters attended college?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any of your parents or any of your brothers and sisters have a college degree?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

What languages can you speak fluently? \_\_\_\_\_

What is your preferred language for learning? \_\_\_\_\_

**STATEMENT & SIGNATURE OF APPLICANT**

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

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Signature of Applicant	Printed Name of Applicant	Date
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**Application Checklist: to be completed by the applicant:**

- Copy of any early childhood certificates or licenses
- Copy of STARS certificate (if applicable)
- Copy of NAEYC/NAFCC accreditation (if applicable)
- Income verification (current paycheck stub, Schedule C, etc.)
- Completed participation agreement statement (pg. 4 for participants, pg. 5-6 for sponsoring programs)
- Financial aid (FAFSA) proof of application
- Copy of prior college transcripts (unofficial copies accepted)

If you have any questions about completing the application contact us at (802) 387-0870 or email at [teachearlychildhoodvermont@vtaeyc.org](mailto:teachearlychildhoodvermont@vtaeyc.org)

Please scan and email packet to [teachearlychildhoodvermont@vtaeyc.org](mailto:teachearlychildhoodvermont@vtaeyc.org)

**Sponsor Program Participation Agreement**

This agreement must be completed by the program director for teachers, or the owner/board chairperson for directors. The T.E.A.C.H. Early Childhood® VERMONT Bachelor Degree Scholarship offered through VTAEYC requires the participation of each scholarship recipient's employer. In the event that (*Applicant Name*) \_\_\_\_\_ is awarded a scholarship, I understand that (*Program Name*) \_\_\_\_\_ agrees to participate in the following way:

\_\_\_\_\_ **Director/Owner:** Pay 20% of the cost of tuition for 9-15 semester hours per contract for the scholarship employee.

\_\_\_\_\_ **Employee Director (*bonus option*):** Pay 10% of the cost of the tuition for 9-15 semester hours per contract for the scholarship employee. Upon successful completion of the contract and 9-15 credit hours, award a \$500 bonus.

\_\_\_\_\_ **Employee Director (*raise option*):** Pay 10% of the cost of the tuition for 9-15 semester hours per contract for the scholarship employee. Upon successful completion of the contract and 9-15 credit hours, issue at least a 1.5% raise.

\_\_\_\_\_ **Teacher (*bonus option*):** Pay 10% of the cost of tuition for 9-15 semester hours per contract for the scholarship employee. Provide release time each week for my scholarship employee. Upon successful completion of the contract and 9-15 credit hours, award a \$300 bonus.

\_\_\_\_\_ **Teacher (*raise option*):** Pay 10% of the cost of tuition for 9-15 semester hours per contract for the scholarship employee. Provide release time each week for my scholarship employee. Upon successful completion of the contract and 9-15 credit hours, issue at least a 1.5% raise.

**I understand the roles and responsibilities of the sponsor (employer) and scholarship employee and I agree to do my best to support my scholarship employee in this program. I will contact the T.E.A.C.H. Vermont office to address any concerns I may have regarding the T.E.A.C.H. Bachelor's Degree Scholarship Program.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Printed): \_\_\_\_\_ Title: \_\_\_\_\_

**Program Information:**

Name of Program (as it appears in BFIS): \_\_\_\_\_

Program Mailing Address: \_\_\_\_\_

County: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

Program Physical Address (if different): \_\_\_\_\_

County: \_\_\_\_\_

Program Auspice:  Non-Profit  Profit  Head Start  Public School  Religiously Sponsored

**(PLEASE CONTINUE ON OTHER SIDE)**

T.E.A.C.H. Early Childhood® VERMONT Bachelor's Degree Scholarship Application for Center Staff

Name of Director/Owner: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Program License Number: \_\_\_\_\_ Number of Children Licensed for: \_\_\_\_\_

STARS Rating: \_\_\_\_\_ NAEYC Accreditation:  YES  NO

Days and Hours of Operation: \_\_\_\_\_ Number of Children Enrolled: \_\_\_\_\_

- Full Year  School Year

Please check all forms of funding your facility receives:

- Head Start  Early Head Start  State Pre-K  Title I  
 IDEA  Child Care Subsidy (CCFAP)  Other: \_\_\_\_\_

Does your program have an ACT 166 public Pre-K partnership?  YES  NO

*The Program's regulatory history will be reviewed through BFIS. Programs with serious violations in the last 12 months, as defined through the State of Vermont Child Care Licensing Regulations, must contact T.E.A.C.H. Vermont to determine eligibility. A site visit and discussion with your licensor may occur prior to accepting recipients.*

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- Copy of prior college transcripts (if applicable and unofficial copies accepted)

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