



Scholarship Renewal Application

Note: The renewal form is only to be used by continuing T.E.A.C.H. Early Childhood® COLORADO scholarship recipients. Center employee applications must be accompanied by a Center Participation Agreement.

Personal Information

Date: _____ Social Security #: _____

Name: _____

Address: _____

City: _____ Zip: _____ County: _____

Phone: (H) _____ (W) _____

Email Address: _____

Student ID _____ Name of College _____

Employment

Center of Employment: _____ License #: _____

Job Title (check one):

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Assistant Teacher | <input type="checkbox"/> Teacher Aide |
| <input type="checkbox"/> Teacher/Director | <input type="checkbox"/> Assistant Director | <input type="checkbox"/> Director |
| <input type="checkbox"/> Owner/Teacher | <input type="checkbox"/> Owner/Director | |
| <input type="checkbox"/> Family Child Care Provider | <input type="checkbox"/> Other _____ | |

Hours per week: _____ Hourly wage: _____ (family providers, please estimate)

Family Providers: Current Enrollment: _____

With what age group do you work? (Check one):

- | | |
|--|---|
| <input type="checkbox"/> Infants/Toddlers (0-24 mos.) ² | <input type="checkbox"/> Preschoolers (2, 3 & 4 yrs.) |
| <input type="checkbox"/> School-age (5 & up) | <input type="checkbox"/> Combination |

How many children are in your class? (If director, include current enrollment of center) _____



Do you work year-round?

Yes No If not, please explain: _____

When would you like to begin your new scholarship?

Summer semester Fall semester Spring semester

For which type of scholarship are you applying?

Licensing Associate Bachelor

How many credit hours to you plan on taking this year? _____

Applicant Signature: _____ Date: _____

Renewal Application Checklist:

- Center Participation Agreement
- Current Paystub
- Unofficial transcript
- FAFSA Verification