T.E.A.C.H. Early Childhood® COLORADO

# Scholarship Application

**(All information is required- please complete full application)**

|  |
| --- |
| Name: Social Security #: |
| Address: City:  |
| County: Zip: |
| Home Ph: Work Ph: Cell: |
| Email: Date of Birth: |
| Gender (circle one): Female Male Non-binary  |
| Student ID#: |

I am applying for the following scholarship (Please see page 8 for a description):

[ ]  Licensing Model

[ ]  Associate Degree

[ ]  Bachelor’s degree

# Employment Status

|  |  |
| --- | --- |
| What is your current job title? |  [ ]  Lead Teacher [ ]  Family Child Care Provider  [ ]  Assistant Teacher [ ]  Non-Teaching Professional Staff [ ]  Administrator [ ]  Non-Teaching Support Staff |
| What age groups do you teach? (please check all that apply) |  [ ]  Infants (0-12 mo.) [ ]  Preschool (2.5-3 yrs.) [ ]  Toddlers (13-36 mo.) [ ]  Pre-K (4-5 yrs.) [ ]  School Age (5+yrs.) |
| How long have you worked in the early childhood field? |  [ ]  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 current facility? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

# Ethnicity

Do you consider yourself Latinx?

[ ]  No

[ ]  Yes (this includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Spanish)

Do you consider yourself….?

[ ]  White

[ ]  Balck or African American [ ]  Other, two or more races

[ ]  American Indian or Alaskan Native [ ]  Other Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Asian (includes Asian Indian, Japanese,
 Chinese, Korean, Vietnamese, Filipino, or other Asian)

[ ]  Native Hawaiian or Pacific Islander (includes Samoan, Chamorro,
 or other Pacific Islander)

Which languages can you speak fluently?

[ ]  Arabic [ ]  Korean [ ]  Thai

[ ]  Armenian [ ]  Lao [ ]  Tribal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Chinese [ ]  Persian [ ]  Urdu

[ ]  Creole [ ]  Polish [ ]  Vietnamese

[ ]  French [ ]  Russian [ ]  Yiddish

[ ]  Greek [ ]  Spanish [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Hindi [ ]  Swahili

[ ]  Japanese [ ]  Tagalog

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

If funding is unavailable and you are placed on the waitlist, would you like to be added to our email list for updates? [ ] Yes [ ] No

# Family Structure

Family Size (Total number of people in your household, including yourself): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Type:

[ ]  Single, no kids [ ]  Single parent or grandparent

[ ]  Married, no kids [ ]  Married parent or grandparent

Have either of your parents or brothers and sisters attended college?

[ ]  Yes [ ]  No

Do either of your parents or brothers and sisters have a college degree?

[ ]  Yes [ ]  No

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

[ ]  Presentation [ ]  Center Director [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Mailing [ ]  T.E.A.C.H. Recipient [ ]  CCR&R Agency

[ ]  Training [ ]  College [ ]  Website

Please check the box that best describes your education history:

[ ]  No high school diploma [ ]  Associate Degree (Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

[ ]  High school diploma/ GED [ ]  Bachelor’s degree (Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

[ ]  1-year certificate [ ]  Master’s degree (Major\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

 [ ]  Doctorate

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

[ ]  CDA: Infant/Toddler [ ]  CDA: Home Visitor [ ]  Post BA (state teaching

[ ]  CDA: Preschool [ ]  Specialization: Bi-Lingual license)

[ ]  CDA: Family Child Care Home [ ]  State Issued Credential

Please check one that best describes your educational goals:

[ ]  Earn an Early Childhood or School-Age Credential

[ ]  Take courses to become Large Director certified

[ ]  Earn an early Childhood, Infant/Toddler or Schoo-Age Certificate

[ ]  Take a few early childhood courses to obtain or upgrade job-related skills

[ ]  Earn an Early Childhood Associate Degree

[ ]  Earn an Early Childhood Associate Degree and transfer to four-year college/university to earn a Bachelor’s degree

[ ]  Earn a Bachelor Degree in Early Childhood Education, ECE Licensure, or Bachelor Degree with an ECE emphasis, or related degree program

[ ]  Earn an Birth-Kindergarten License

[ ]  Earn a Masters Degree in Early Childhood Education or a related degree program

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently enrolled at a community college or a 4-year college? [ ]  Yes [ ]  No

Are you currently involved in an Early Childhood program at a College? [ ]  Yes [ ]  No

If so, what degree are your working on? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How far have you progressed toward your degree? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many credit hours do you plan to take in the coming year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When would you like your scholarship to begin?

[ ]  FALL [ ]  SPRING [ ]  SUMMER Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which Colorado public college do you plan to attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you lived in Colorado? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you applied for any of the following financial aid?

[ ]  PELL [ ]  Scholarships [ ]  Student Loans

# 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 (Pell Grants, Smart Start Grants 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 (spouse included) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Statement & Signature of Applicant (required)

I attest to the fact that the information that I have provided is true and accurate. Based on this information I am applying to the Early Childhood Council Leadership Alliance (ECCLA) for a scholarship to help pay for the cost of educational expenses. **I understand that all Federal Pell Grants and the Colorado Opportunity Fund (COF) will be applied before T.E.A.C.H. is billed for my tuition.**

Signature of Applicant Date

**\*\*PLEASE PROVIDE A COPY OF YOUR MOST RECENT PAYSTUB (required)**

# Family Childcare Provider Income Worksheet

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

**You must include verification of your income** such as copies of receipts from each of the children in your care or a signed statement from each parent with the amount they pay each week.

1. What is the amount paid to you by parents each week? (x4.33) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Total Monthly Parent Fees $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. How much was your Child & Adult Care Food Program Reimbursement? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. How much was the DSS subsidy (CCCAP) for children in your care? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Total Monthly Revenue** (Add lines 2,3 and 4) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much did you spend for children in your family child care program last month of the following?

1. Food $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Toys $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Assistant/Substitute Care $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Crafts/Supplied $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Transportation ($0.25/mile) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Training Fees $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Gifts for Children/Families $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Total Monthly Expenses** (Add lines 1-8) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Application Checklist and Scholarship Models

# *All Documents Are Required*

# Licensing Scholarship Model

[ ]  Verification of Income (Family Child Care Providers must also include Child Care Monthly Income worksheet)

[ ]  Admission Letter or transcript from the college you will be attending

[ ]  Signed Center Participation Agreement

# Associate Scholarship Model

[ ]  Verification of Income (Family Child Care Providers must also include Child Care Monthly Income worksheet)

[ ]  Verification of FAFSA application

[ ]  Admission letter or transcript from the college you will be attending

[ ]  Signed Center Participation Agreement

# Bachelor Scholarship Model

[ ]  Verification of Income (Family Child Care Providers must also include Child Care Monthly Income worksheet)

[ ]  Verification of FAFSA application

[ ]  Admission letter from College or University

[ ]  Transcript showing 60+ hours of transferable credits or other verification of junior or senior status

[ ]  Signed Center Participation Agreement

**Return application by email or mail to:**

 **Shannon Hall**

 **Director of Workforce Supports**

 **Early Childhood Council Leadership Alliance (ECCLA)**

**4891 Independence St. Suite 140**

**Wheat Ridge, CO 80033**

**shannon@ecclacolorado.org**

**(720) 669-1544 (fax)**

**720.899.3047 (direct phone)**

*ECCLA is the voice for Early Childhood Councils as they work to ensure that all Colorado children are valued, healthy, and thriving.*

**4891 Independence St., Suite 140 | Wheat Ridge, CO 80033 | Ph: (720) 588-2840 |** [**www.ecclacolorado.org**](http://www.ﬁrst5ventura.org) **| info@ecclacolorado.org**

INTERNAL USE: Revision Date 2/11/19