College Credit Scholarship Application

T.E.A.C.H. Early Childhood® OHIO
A Project of Ohio Child Care Resource and Referral Association

OCCRRA
Ohio Child Care Resource & Referral Association

Applying for:
☐ **Associate Degree Scholarship**
☐ **Bachelor Degree Scholarship**

1. Personal Information

Please Print

Application Date: _____   Social Security #[1]:_____

Name:_____
First   Middle   Last

Address: _____

City: _____ State: **OH** Zip: _____ County:_____

Home Phone #: _____ Cell Phone #:_____ Fax # _____

E-mail: _____Gender: ☐Female ☐Male Date of Birth: _____

Are you a citizen of the United States?   ☐Yes   ☐No[1]
[1] If not a citizen or no SSN, please complete IRS form W-9

How did you find out about the T.E.A.C.H. Early Childhood® Project? (check one)
☐Mailing   ☐My Center Director   ☐T.E.A.C.H. Recipient ☐CCR&R Agency   ☐College
☐Website   ☐Presentation   ☐Workshop   ☐Other (please specify):_____

Family Structure: How many people live in your household? _____ Of those how many are: Your Parents?_____
Siblings? _____ Spouse or Significant Other?_____ Children?_____ Others?_____

Ethnicity:
Do you consider yourself....?
☐White   ☐Black/African American ☐American Indian or Alaska Native   ☐Asian Indian
☐Japanese   ☐Native Hawaiian   ☐Guamanian or Chamorro   ☐Korean
☐Chinese   ☐Vietnamese   ☐Samoan
☐Filipino   ☐Other Pacific Islanders:_____   ☐Other Asian:_____
☐Other race:_____

Are you of Hispanic, Latino, or Spanish origin?
☐No ☐Yes, Mexican, Mexican American ☐Yes, Puerto Rican ☐Yes, Cuban ☐Yes, Other Hispanic, Latino or Spanish

Which languages can you speak fluently?

☐ Arabic	☐ Greek	☐ Polish	☐ Thai
☐ Armenian	☐ Hindi	☐ Portuguese	☐ Tribal: _____
☐ Chinese	☐ Japanese	☐ Russian	☐ Urdu
☐ Creole	☐ Korean	☐ Spanish	☐ Vietnamese
☐ English	☐ Lao	☐ Swahili	☐ Yidish
☐ French	☐ Persian	☐ Tagalong	☐ Other: _____

What is your preferred language for learning, if other than English? _____

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

Have you taken any ECE 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

The above information is used for demographic purposes only

2. Professional Experience and Goals

Which of the following credentials/specializations do you currently hold?
☐ CDA: Infant/Toddler ☐ CDA: Family Child Care Home   ☐ Specialization: Bi-Lingual (Language: _____)
☐ CDA: Preschool   ☐ CDA: Home Visitor   ☐ State Issued Credential   ☐ Post BS (State Teaching License)

Are you CPR/First Aid Certified? ☐ Yes   ☐ No

How long have you worked in the early childhood education field?
☐ Less than 2 Years   ☐ 6-10 Years
☐ 2-5 Years   ☐ 10+ Years

Please check the box that best describes your educational history:
☐No high school diploma   ☐Associate Degree (Major:_____)   ☐Doctorate
☐High school diploma/GED   ☐Bachelor Degree (Major:_____)
☐1-year certificate   ☐Master Degree (Major:_____)

Please check one that best describes your educational goal:
☐Earn an Early Childhood or School-Age Credential
☐Take a few early childhood courses to obtain or upgrade job-related skills
☐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 Bachelor's Degree
☐Earn an Early Childhood Bachelor's Degree

3. Employment Status

Program License Number:_____ Program Name:_____

Start date of employment at current program: _____

What is your current job title? *(check only one)*	☐ Teacher ☐ Assistant Teacher ☐ Administrator	☐ Family Based Professional ☐ Non-Teaching Professional Staff ☐ Non-Teaching Support Staff
What age groups do you teach? *(please check all that apply)*	☐ Infants (0-12 Months) ☐ Toddler (13-36 Months)	☐ Preschool (37 Months – Pre-K) ☐ School-Age

What is your current hourly wage? _____

How many hours per week _____ (0-60) and months per year _____ (0-12) do you work?

Average daily number of children in your classroom _____

4. Professional Registry

Your OPIN Number (from the Ohio Professional Registry):_____

If you do not remember your OPIN, use this link to login to your registry account and view your OPIN:
https://login.occrra.org/

If you are not yet in the Registry, use this link for instructions to start using the Registry:
http://www.opdn.org/documents/RegistryBasicInstructions.pdf
Completing steps 1, 2 and 3 will let you view your OPIN on your Profile Summary page.

5. Statement of Income

Job #1 Employer _____
        Hours/Week _____   Earnings _____ per _____ (wk. /month/yr.)

Job #2 Employer _____
        Hours/Week _____   Earnings _____ per _____ (wk./month/yr.)

YOUR TOTAL INCOME $_____

YOUR TOTAL FAMILY INCOME (your spouse's included) $_____

Please attach a copy of your most recent pay stub(s), or Schedule C (if program owner), or Type B Family Child Care Home Income Worksheet if you are a Type B Family Child Care Professional

6. Financial Aid

Have you applied for any other financial aid* (such as Pell Grants or student loans)?
☐ YES   ☐ NO

It is a requirement that all college scholarship applicants apply for financial aid: www.fafsa.ed.gov. Proof of such must accompany this application. The form is known as the "FAFSA on the Web Submission Confirmation."

Source of financial aid #1 _____   Date of Application _____
Status: ☐ AWARDED   ☐ DENIED   ☐ PENDING

Source of financial aid #2 _____   Date of Application _____
Status: ☐ AWARDED   ☐ DENIED   ☐ PENDING

7. Additional Program Information

Director/Administrator/Owner Name: _____Title:_____

Phone:_____ Cell: _____ Email: _____

Program Address: _____

City: _____ Zip: _____ County: _____

Program Phone:_____ Program Fax:_____

Program Email:_____

Program Mailing Address, *if Different Than Above*:	Program Billing Address, *if Different Than Above*:
Street:	Street:
City: Zip Code:	City: Zip Code:
Phone: ( )	Phone ( )
Fax: ( )	Fax: ( )

Type of Program: ☐Head Start   ☐For profit   ☐Not for profit   ☐ Public School

Step Up To Quality Rating: ☐One Star ☐Two Star ☐Three Star ☐Four Star ☐Five Star ☐Not SUTQ rated

Is your program accredited? ☐Yes ☐No   If yes, by whom?_____

Part-day Program? ☐ No   ☐Yes   (check one)   If yes, hours per day children are in care?_____

# of children currently enrolled:_____   # of children on state subsidy:_____

Please check all forms of funding your facility receives (check all that apply):

☐Head Start   ☐State Pre-K   ☐Title I   ☐State Subsidies: Contracts   ☐ Tuition Only

☐Early Head Start   ☐IDEA   ☐State Subsidies: Vouchers

Program Staff:

# of full-time staff_____   # of part-time staff (work less than 40 hours per week):_____

# of staff that work less than 12 months per year:_____

8. Statement and Signature of Applicant

I, _____ (applicant's name) attest that the information provided on this application and the supporting documentation is true to the best of my knowledge. I understand that the social security number provided is my correct tax identification number and I am a US citizen. I understand that falsifying application information or documentation or the failure to comply with documentation requirements may result in the inability to be a participant in this program. If my participation is terminated due to my failure to comply with documentation requirements, I understand that my employer may be notified along with the program funder. If for any reason the scholarship money is issued incorrectly as a result of false information provided by me, I acknowledge that I will be required to reimburse T.E.A.C.H. Early Childhood® OHIO for the monetary support that was received in error. Based on this information, I am applying for a scholarship from T.E.A.C.H. Early Childhood® OHIO to help pay the cost of early childhood education expenses.

_____   _____

Signature of Applicant   Date

9. College/University Information

Are you currently enrolled at a Community College or University? ☐Yes ☐No

Which semester would you like your scholarship to begin? ☐Fall ☐Summer ☐Spring _____ (year)

Which Community College/University would you like to attend? _____Campus:_____

Have you been through the admissions process at the school listed above? ☐Yes ☐No

10. Participation Agreement

Scholarship Recipient agrees to:
- Pay 10% of the cost of tuition, after all other financial aid award(s) have been applied, for approved courses enrolled in during the contract year. If you are a Type B Family Child Care Provider or Center Owner you must pay an additional 10%, for a total of 20%, to cover the Sponsor portion of the agreement (since you will not have a Sponsor).
- Pay 20% of book costs.
- Commit to employment at sponsoring child care program, or to keep my home/center open (if owner), for one additional year upon successful completion of the 9-15 semester hours.

Skip this next section if you are a Type B Family Child Care Provider or the owner of a licensed program and sign only as applicant below

Sponsoring Child Care Program agrees to:
- Pay 10% of the cost of tuition for each approved course in which the scholarship employee is enrolled, up to a maximum of 15 semester hours during the contract period.
- Provide paid release time to the scholarship employee that is equivalent to the number of semester hours of the course(s) being taken, with a maximum of six hours of release time per week each week that classes are in session. *Note: Employees that are not part of the staffing ratio in the classroom are not eligible for Release Time.*
- At the end of the contract year, provide additional compensation to the scholarship employee. Please indicate which compensation option you prefer:

☐**Option One:** Issue a 2% raise. This raise must be above and beyond any normally expected raise.

☐ **Option Two:** Award a $300.00 bonus, payable upon completion of college credit requirements.

_____   _____
Signature of Applicant   Date

_____   _____
Signature of Program Director/Owner or Board Chair   Date

_____
Name of Program (please print)

T.E.A.C.H. Early Childhood® OHIO
Checklist of Attachments for the
College Credit Scholarship Application

In order for us to process your scholarship application, please send the following items to:

Ohio Child Care Resource and Referral Association
T.E.A.C.H. Early Childhood ® OHIO
2760 Airport Drive, Suite 160
Columbus, OH 43219
Fax 614-396-5960
Email: teach@occrra.org

<u>All Scholarship Applicants:</u>

☐ COMPLETED and signed T.E.A.C.H. College Credit Scholarship Application

☐ Signed Participation Agreement

☐ Documentation of FASFA application (www.fafsa.ed.gov)

☐ Copy of your program license

☐ If applying for the Bachelor Degree Scholarship, you must include either*
- Copy of AAS Degree Diploma
- Copy of AAS Degree Transcripts
    *This requirement is waived if you have you AAS Degree verified in the Ohio Professional Registry

<u>Center Staff:</u>

☐ Verification of income: Copy of a current paycheck stub

<u>Type A and Type B Family Child Care Professionals:</u>

☐ Verification of income:
- Schedule C form (from federal tax return)

OR
- A month of four consecutive weekly statements from your county portal which provides the amount of payment and family copays
- Copies of private pay receipts from the same time period or signed statements from families stating how much they pay for care
- If you participate in the Food Program, a copy of your most recent payment

Use this link to see what comes next in the application process:
http://teach.occrra.org/documents/whats_next.pdf

Please contact us if you have any questions - 877-547-6978 (toll free); 614-396-5959; 614-396-5960(fax) or email teach@occrra.org

Statement of Income for Type-B Professionals

Instructions: This sheet is to help you determine your monthly earnings and hourly rate from your family child care home business. For each question, use the monthly amount you earned and expenses incurred. These must come from the same month. **Remember, you must include verification of your income such as copies of receipts for each of the children you care for or a signed statement from each parent with the amount paid each week**. You will also need documentation for publicly subsidized children.

A. MONTHLY REVENUE

1. How much did you receive from private pay parents? $ _____

2. How much was the Title XX/county/ODJFS subsidy for children in your care? $ _____

3. How much did you receive in co-payments from subsidy parents? $ _____

4. How much was your Child & Adult Care Food Program Reimbursement? $ _____

Total $ [   ] Box 1

B. MONTHLY EXPENSES

How much did you spend on your home child care business last month for:

1. Food Expenses $ _____

2. Toys $ _____

3. Assistant/Substitute Care $ _____

4. Crafts/Supplies $ _____

5. Transportation $_____
(use $0.25 per mile)

6. Training fees $_____

7. Gifts for Children/Families $ _____

8. Other $_____ Specify

Total $ [   ] Box 2

C. HOURS WORKED

In a typical week:

Day	EXAMPLE	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Time first child arrives	7 am							
Time last child leaves	3 pm							
Total hours per day	8 hours							

Sum your total hours worked per day to get your total hours worked per week and enter here [   ] Box 3. We only count up to 60 hours worked per week when figuring a wage per hour. We multiply your total hours worked per week (up to 60) by _____ to get the answer in Box 4, hours per month.

D. ESTIMATE HOURLY WAGE

$$\frac{[\quad] \text{ Box 1} - [\quad] \text{ Box 2}}{[\quad] \text{ Box 4 hours per month}} = [\quad] \text{ Box 5 wage per hour}$$

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