College Credit Scholarship Application for Part Day Programs

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? _____ Spouses or Significant Others?_____ Children?_____ Others?_____

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

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)

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?_____

# 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
- Pay 10% of book costs.
- Commit to employment at sponsoring child care program for one additional year upon successful completion of the 9-18 semester hours.

Skip this next section if you are the owner of a licensed program and sign only as applicant below

Sponsoring Child Care Program agrees to: Please indicate which compensation option you prefer:

☐ **Option One:** Award a $100.00 bonus, payable upon successful completion of contract year
- Pay 10% of the cost of tuition for each approved course in which the scholarship employee is enrolled, up to a maximum of 18 semester hours during the contract period.
- Pay 10% of the cost of books

☐ **Option Two:** Pay 20% of tuition. (T.E.A.C.H. will pay an additional $100 bonus upon completion of the college credit requirements).
- Pay 20% of the cost of tuition for each approved course in which the scholarship employee is enrolled, up to a maximum of 18 semester hours during the contract period.
- Pay 20% of the cost of books

_____   _____
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. OHIO 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 your AAS Degree verified in the Ohio Professional Registry

☐ Verification of income: Copy of a current paycheck stub

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