TEACH Early Childhood® Iowa - Family Support

Scholarship and Compensation Program

APPLICATION

Application deadlines: July 15 for fall term, November 15 for spring term, April 30 for summer

Type of degree or credential desired:

■ Associate Degree ■ Bachelor's Degree/Endorsement ■ Infant and Early Childhood Mental Health Certificate

What term would you like your scholarship to begin? ■ FALL (Aug) ■ SPRING (Jan) ■ SUMMER (May) _____ *(year)*

Contact Information:

Name _____ Preferred Name _____
(first) (MI) (last)

Address _____ *(physical mailing, if different)* _____

City _____ State _____ Zip _____ County _____

Email Address _____ Social Security Number _____

Phone Number (home) _____ (work) _____ (cell) _____

How did you find out about TEACH Early Childhood® Iowa?

■ Presentation/Workshop ■ College ■ Program Director ■ Website
■ TEACH recipient *(name)* _____ ■ Other _____

Educational Background:

■ No high school diploma ■ High school diploma/GED ■ Some college credits ■ College certificate/diploma
■ Associate degree ■ Bachelor degree ■ Masters degree ■ Doctorate

School	Dates Attended	Major	Degree or Credit Hours

Attach all previous college transcripts, unofficial accepted

List any additional certifications relevant to your job: _____

EMPLOYMENT STATUS (*check all that apply)*

What is your current job title? _____

How many hours per week do you work? _____
How many hours per week do you provide direct service with families or supervision? _____
How many months per year do you work? _____
How many hours per week is your program open? _____
Beginning date of employment at current program? _____
How many children does your program serve (include all children in each family)? _____

What age groups do you work with?

■ Infants (0-12 months) ■ Toddler (13-36 months) ■ Preschool (37 months-PreK) ■ School age

How long have you worked in family support?

■ less than 2 years ■ 6-10 years ■ 2-5 years ■ 10+ years

Have you taken any college credits in the past two years? ■ Yes ■ No

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

Are you CPR/first aid certified? ■ Yes ■ No

Are you currently enrolled at an Iowa community college or university? ■ Yes ■ No

If yes, what school are you attending? _____

If yes, which coursework are you working on? _____

■ AA/AS/AAS degree ■ Bachelor degree ■ Other *(specify)*_____

If no, which community college or university in Iowa would you like to attend? _____

What is your educational goal: _____

DEMOGRAPHIC INFORMATION - *THIS INFORMATION WILL BE USED FOR STATISTICAL AND DEMOGRAPHIC PURPOSES AND WILL NOT DETERMINE ELIGIBILITY*

Date of Birth _____
(Month) (Day) (Year)

Gender: ■ Female ■ Male

Family Structure:

■ Married parent or grandparent ■ Single parent or grandparent
■ Married, no kids ■ Single, no kids

Ethnicity:

Are you of Hispanic, Latino, or Spanish origin?

■ No ■ Yes, Cuban
■ Yes, Mexican, Mexican American, Chicano
■ Yes, Puerto Rican ■ Other Hispanic, Latino, or Spanish _____

Do you consider yourself…?

■ White ■ Chinese ■ Other Asian: _____
■ Black, African American ■ Korean ■ Other Pacific Islanders: _____
■ American Indian or Alaska Native ■ Guamanian or Chamorro ■ Other Race: _____
■ Asian Indian ■ Filipino ■ Native Hawaiian
■ Japanese ■ Vietnamese ■ Samoan

Languages I can speak fluently:

■ English ■ Spanish
■ Arabic ■ Other: _____

Preferred language: _____

STATEMENT OF INCOME - *THIS INFORMATION WILL BE USED FOR STATISTICAL AND DEMOGRAPHIC PURPOSES AND WILL NOT DETERMINE ELIGIBILITY*

Job #1 Employer_____ Hours/Week_____ Earnings_____ per_____
(hourly rate preferred)

Job #2 Employer_____ Hours/Week_____ Earnings_____ per_____
(hourly rate preferred)

Have you applied for financial aid by filling out the FAFSA? ■ Yes ■ No ***attach proof of application***

Have you applied for any other financial aid (such as grants or student loans)? ■ Yes ■ No

YOUR TOTAL INCOME $_____ ***attach a copy of most recent pay stub***

PROGRAM INFORMATION

This section must be completed by program director

Name of program _____ How many months per year is your program open? _____

Program address (physical) _____ City _____ Zip _____

Program address (mailing if different) _____ City _____ Zip _____

County _____ Phone # _____ Fax # _____

Email_____ Name of director/supervisor _____

Check all that apply to your program: ☐ Profit ☐ Non-profit ☐ Religious/church affiliated

Does the program use an evidence based model? ☐ Yes ☐ No

Is your program Credentialed? ☐ Yes ☐ No ***(attach a copy of certificate)***

Check your program model: ☐ FaDSS ☐ Early Head Start ☐ Head Start ☐ Parents as Teachers ☐ HOPES
☐ Nurse Family Partnership ☐ Healthy Families ☐ Other, ECI Funded_____ *(program title)*
☐ Other, StateFunded_____ *(program title)*

Is your program in a city with a population of: ☐ Less than 20,000 (rural) ☐ Less than 20,000 (suburb) ☐ More than 20,000 (urban)

In what school district is your program? _____

Center/Program Participation Agreement

The TEACH Early Childhood® Iowa scholarship project offered through the Iowa Association for the Education of Young Children requires the participation of each scholarship recipient's employing program. In the event this applicant is awarded a scholarship, I understand the program agrees to participate according to the scholarship option chosen. My program will receive a stipend from TEACH to cover tuition/ book costs (if applicable) when the scholarship employee completes a contract.

_____ _____
Signature of Director/Supervisor Date

_____
Printed Name

ASSOCIATE/BACHELOR SCHOLARSHIP OPTIONS

This section should be completed by supervisor/employer. Choose one option.

SCHOLARSHIP EMPLOYEES PAY 10% OF BOOKS AND 10% OF TUITION

Family Support Workers*:* Qualifying staff work 30+ hours/week.

☐ **Associate Program (attending community college)**

☐ **Bachelor Program (attending 4 year school)**

1. The employer will pay 20% of tuition and book costs for courses at an Iowa college for the scholarship employee.
2. Upon completion of the contract and minimum of 9 credit hours, TEACH will provide the scholarship employee a bonus.
3. Upon completion of the contract and a minimum of 9 credit hours, TEACH will provide the employing program a participation stipend, to cover tuition and book costs, if applicable.

APPLICATION CHECKLIST (TO BE COMPLETED BY THE APPLICANT)

- ☐ Application complete *(this document)*
- ☐ Income verification *(current paycheck stub)*
- ☐ Completed participation agreement statement *(below)*
- ☐ Financial aid (FAFSA) proof of application
- ☐ Copy of prior college transcript *(unofficial copies accepted)*

Participation Agreement

I attest to the fact that the information that I have provided is true and accurate. Based on this information, I am applying to TEACH Early Childhood® Iowa for a scholarship to help pay for educational expenses.

_____ _____

Signature of Applicant Date

Personal Responsibilities Agreement

Please read carefully and then sign this agreement indicating your willingness to follow through with the statements below.

If I am awarded a TEACH Early Childhood® Scholarship, I will:

- ☐ Study, work hard and be a responsible student. This is a great opportunity that should be taken seriously.
- ☐ Be responsible to ensure that I am meeting the obligations of my scholarship, coursework and employment. Regularly communicate with my scholarship counselor by responding to phone calls and emails within one week. My counselor is available to help guide me through the process of balancing school, work, and family responsibilities.
- ☐ Submit forms and information in a timely manner.
  - Course registration must be submitted in time for counselors to forward to the college.
  - Book Reimbursement form (Form B) and book receipts must be submitted for reimbursement. These can be sent as soon as books are purchased, but must be sent no later than two weeks after semester end.
- ☐ Submit my grades within two weeks of the close of the semester.

- ☐ Acknowledge that some of benefits from TEACH are taxable income and I could receive a 1099 tax form each year that I utilize the scholarship.
- ☐ Uphold the required commitment to my program as outlined in the contract. I understand that if I break my commitment, I will be billed for the cost of my scholarship.
- ☐ Acknowledge that individual application and participation information may be shared with funders or their designees, local resource and referral offices, or community colleges if needed.
- ☐ Acknowledge that my employer will be asked to release employment information on my behalf.
- ☐ Communicate respectfully with Iowa AEYC staff. They are here to help. Ongoing disrespectful communication may jeopardize future scholarship participation.

- ☐ Pay bills from TEACH by the deadline. Failure to pay bills in a timely manner may impact scholarship eligibility.

_____ _____ _____

Printed Name Signature Date

Return this application with required documentation to:

TEACH Early Childhood® Iowa

Iowa Association for the Education of Young Children

Phone: 800-469-2392, 515-331-8000 Fax: 515-331-8995 teach@iowaaeyc.org