

Reno/Rural Nevada: 775-327-0680

Fax: 775-857-3179

Southern Nevada: 702-486-1413

Fax: 702-486-1495

Email: <u>teach@nevaeyc.org</u>

Website: http://www.nevaeyc.org

T.E.A.C.H. Early Childhood® Nevada Scholarship Application Semester you would like your scholarship to begin: **Date:** _____ [] Spring [] Summer [] Fall Year: [] Apprenticeship Certificate Scholarship I am applying for: [] Certificate of Achievement Scholarship [] Associate Degree Scholarship [] Bachelor Degree Scholarship College or university you plan to attend: **Personal Information** Name: _____ First Middle initial Address: Home Phone: (____) Work Phone: (____) **Cell Phone:** (_____)______ **Email:** ______ Social Security No: _____ Date of Birth: _____

U.S. Citizen: [] Yes [] No

Gender: [] Male [] Female

Personal Information Continued...

How did you hear about the T.E.A.C.H. Early Childhood® Project:			
[] Presentation [] Ma	ailing [] CCR&R A	gency [] College [] My	Center Director
[] T.E.A.C.H. Recipien	t [] Workshop []	Website [] Other:	
Ethnicity: Used for de	emographic purposes	s only	
Are you of Hispanic, I	Latino or Spanish or	rigin?	
[] No		[] Yes, Puerto Ric	can
[] Yes, Mexican, Mexican American, Chicano [] Yes, Cuban			
[] Other Hispanic, Latin	no, or Spanish		
Do you consider yours	self:		
[] White	[] Black, Afr	ican Am. Or Negro	[] Chinese
[] Korean	[]American I	Indian or Alaska Native	[] Asian Indian
[] Japanese	[] Native Ha	waiian	[] Guamanian or Chamorro
[] Filipino	[] Vietnames	ee	[] Samoan
[] Other Asian:	[] Other Paci	fic Islander:	[] Other race:

Employment Information

Center Name:		
Center Address:		
City:	County: _	NV Zip:
Center Phone: ()		Center Fax: ()
Center or Directors Em	ail:	
Name of the person	on authorizing yo	ur scholarship:
		[] Board Member [] Other:
Center License Number:		License Expiration Date:
Initial date of hire:		Current hourly wage:
How many hours per week	k do you work?	
Total:	In class	sroom, directly with children:
How many months per ye	ar do you work?	
How many children are in	ı your classroom	or child care home?
How long have you worke	ed in the field of	early childhood?
[] Less than 2	Years [] 2-5 Ye	ars [] 6-10 Years [] 10+ Years
What is your current job	title?	
[] Teacher [] Assistan	nt Teacher [] Ad	ministrator* [] Family-Based Professional*
[] Non-Teaching	g Professional Staff	* [] Non-Teaching Support Staff*
*F *Non-Teaching Profe	Family-Based Professional essional Staff: an example	nt directors, and other administrative staff : home care operator/provider of this position would be a curriculum specialist his position would be kitchen or custodial staff
What age groups do you t	each? (Please ch	heck all that apply)
[] Infan	ts (0-12 Months)	[] Toddler (13-36 Months)
[] Pre	eschool (37 Months	s – PreK) [] School Age

Statement of Income

Employer information is to be completed for the applicant only, unless otherwise noted. Job #1 Employer: _____ Hours/Week: Earnings: per Job #2 Employer: _____ Hours/Week: _____ per ____ Your Total Income: \$ per Your Total Family Income (your spouse included): \$_____ per _____ Including yourself, how many family members live in your household? Are you the primary source of income for your household? [] Yes [] No **Educational Background** Please check the box that best describes your educational history: [] No high school diploma [] High school diploma/GED [] 1-year certificate [] Associate Degree (Major: ______) Master's Degree (Major: ____ [] Doctorate Please check the box that best describes your educational goals: [] Earn an Apprenticeship Certificate as a Child Care Development Specialist [] 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 a Bachelor's Degree Are you currently enrolled at a community college? [] Yes [] No If applying for a Bachelor Degree Scholarship, please indicate how many credits you have already completed toward your desired Early Childhood degree: ______ Apprenticeship Graduate? [] Yes [] No If Yes, Graduation Date: _____

Financial Aid Verification

	ve you applied for any other financial aid, such as a Pell Grant, Smart Start ant, scholarships, or student loans? [] Yes [] No
Sou	arce of financial aid #1:
	Date of application:
	Application Status: [] AWARDED [] DENIED [] PENDING
Sou	arce of financial aid #2:
	Date of application:
	Application Status: [] AWARDED [] DENIED [] PENDING
	Find more information regarding federal student aid at http://www.fafsa.ed.gov/
	Professional Goals: attach an additional page if desired
1.	What are your professional and educational goals? Please include short and long term goals.
2.	What challenges do you see in obtaining your degree or certificate?

Professional Goals Continued...

	Signature of Applicant	Date
	I altest to the fact that the information I have provided is d on this information, I am applying to T.E.A.C.H. Early Childhoo help pay the cost of educational expense ing below I agree to participate in the collection of data regardin income, educational attainment, position changes, and	od® Nevada for a scholarship to es. g the impact of this scholarship on
	Statement & Signature of Applic I attest to the fact that the information I have provided is	
4.	Is there anything you would like us to consider when review	ewing your application?
3.	Please submit a short statement describing your thoughts of and why you have chosen to pursue a career in this particular.	

Center Participation Agreement

This agreement must be completed by the center director or owner. The T.E.A.C.H. Early Childhood® Nevada scholarship requires sponsoring center participation.

In the event that	is awarded a scholarship,
(print director/owner name)	r/Director of,(center name)
understand and agree to the following c	
 of tuition is paid by Family Based? Provide paid release time to the sch maximum of 96 hours for each sen will be reimbursed for 60% of the applicable to full-time teachers and Provide a compensation benefit at the Please select the compensation benefit 	holarship recipient, with a minimum of 16 hours and a nester the recipient is enrolled in classes. The center time off at a rate of \$9 an hour (release time is only
Award a 2% wage increa	ase Award a \$300 bonus.
Center License Number Expirati	ion Date License Type/QRIS Star Rating Level
Center Name	
Center Address/County	
Email Contact	Center Phone Center Fax
Printed Name of Owner/Chairperson	Signature of Owner/Chairperson
FOR ALL PROGRAMS TO COMPLETE	FOR ALL PROGRAMS TO COMPLETE
f Facility:	Please check all forms of funding your facility receives:
fit [] Nonprofit [] Head Start [] State funded	[] Head Start [] Early Head Start [] State Head Start
- P [] Od	
h Based [] Other	
Accredited: [] Yes [] No	[] State PreK [] Title I [] IDEA

T.E.A.C.H. Early Childhood ® Nevada Authority for the Exchange of Information

I, the undersigned, do hereby authorize the exchange of information regarding my financial status and/or that of my family's, in order that I may be considered for financial assistance from T.E.A.C.H.® Nevada; I further authorize the release of information pertaining to my scholastic achievement, if required, to determine my continued eligibility. By signing below I also acknowledge that I may be required to complete a FERPA (Family Educational Rights and Privacy Act) form or other documentation required by Nevada's higher education institutions in order to ensure the right to exchange information with T.E.A.C.H.® Nevada. *Check all that apply*:

Г.Е.А.	C.H. Early Childhood ® Nevada and	
	College of Southern Nevada	
	Great Basin College	
	Western Nevada College	
	Truckee Meadows Community College	
	University of Nevada Reno	
	University of Nevada Las Vegas	
	The Nevada Registry	
• -	Academic status Transcripts Outstanding financial obligations Status of current financial aid award Nevada Registry certificate and documer	
	Student Signature	Printed Name
	Social Security Number	Date

T.E.A.C.H. Early Childhood® Nevada Application Checklist

Completed application
Copy of Nevada driver's license
Copy of most recent pay stub or statement of income from employer. Home Care Providers – tuition receipts for one week, tax statement, or estimated income form.
Copy of FAFSA report and award letter(s)*
Copy of college transcripts
Copy of your Nevada Registry Certificate, current level*
Copy of current center license
Signed "Center Participation Agreement" form
Signed "Authority for the Exchange of Information" form

^{*} Please apply with the Nevada Registry prior to, or immediately following, the submission of your scholarship application. You can access the application and more information at http://www.nevadaregistry.org/



The funds for this scholarship are made possible by the Office of Early Care & Education.

Administration for the program is provided by The Nevada Association for the Education of Young Children. This scholarship program was developed to increase the educational level of child care providers and to improve their compensation and recognition in the field.

^{*} Please file for financial aid prior to, or immediately following, the submission of your scholarship application.

You can file for financial aid online at http://www.fafsa.ed.gov or visit your college's financial aid office.

A financial aid award does not disqualify you from the T.E.A.C.H.® Nevada scholarship