

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 Non-binary

Family Structure:

___ Married parent or grandparent ___ Single parent or grandparent

___ Married, no kids ___ Single, no kids

Do you consider yourself Latinx?

No Yes (This includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Spanish)

Do you consider yourself...?

- White
 Black or African American
 American Indian or Alaska Native
 Asian (includes Asian Indian, Japanese, Chinese, Korean, Vietnamese, Filipino, or other Asian)
 Native Hawaiian or Pacific Islander (includes Samoan, Chamorro, or other Pacific Islander)
 Other Race: _____

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 or schedule C (home providers)**

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 T.E.A.C.H. Early

10.28.2020

Childhood® IOWA for a scholarship to help pay for educational expenses. See documentation at end of application.

Signature of Applicant

Date

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 T.E.A.C.H. 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 T.E.A.C.H. to cover tuition/book costs (if applicable) when the scholarship employee completes a contract.

Signature of Director/Supervisor

Date

Printed Name

APPLICATION CHECKLIST (TO BE COMPLETED BY THE APPLICANT)

- Application complete *(this document)*
- Income verification *(current paycheck stub, Schedule C, etc.)*
- Completed participation agreement statement *(pg. 3)*
- Financial aid (FAFSA) proof of application *(not applicable to CDA assessment or licensure renewal)*
- Copy of prior college transcript *(unofficial copies accepted)*

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, T.E.A.C.H. will provide the scholarship employee will receive a \$1,000 bonus.
3. Upon completion of the contract and a minimum of 9 credit hours, T.E.A.C.H. will provide the employing program will receive a participation stipend, to cover tuition and book costs, if applicable.

Master Program

1. University of Northern Iowa – MSW
2. University of Iowa – MSW
3. Iowa State University – Family and Consumer Science

T.E.A.C.H. Recipient 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 T.E.A.C.H. Early Childhood® Scholarship, I will:

- attend class, study, work hard and be a responsible student. This is a great opportunity that should be taken seriously.
- regularly communicate with my scholarship counselor. My counselor is available to help guide me through the process of attending college as well as balancing my college, work and family responsibilities. He/She is just a phone call or email away and can answer many questions.
- submit reimbursement forms in a timely manner. Registration forms (Form R's) must be submitted in time for counselors to forward to the appropriate school. Tuition/Book Reimbursement forms (Form B's or B/C's) must be submitted for reimbursement of tuition, books and travel claims. If my model includes paid release time, I will sign the Release Time Form (Form C's), be sure my director (if applicable) signs the Form C and help get it submitted for reimbursement for release time.
- contact my scholarship counselor regarding any changes to my employment or college status, or if I am having difficulty in meeting my course/college requirements or scholarship contract.
- submit my grades within 30 days of the close of the semester. Keeping records up-to-date is critical to continued support of this program.
- pay my bills from T.E.A.C.H. and/or my college in a timely manner. It is my responsibility to ensure that I am meeting all of my obligations.
- read and I understand the T.E.A.C.H. Participant Procedures Handbook. I understand that the T.E.A.C.H. Participant Procedures Handbook could change at any time. It is my responsibility to check the website periodically at www.iowaaeyc.org for updates.
- uphold the required commitment to my program. 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 and that name and place of employment may be shared with local resource and referral offices or community colleges if needed.
- Allow his/her employer to release employment information including date of employment, current position, age level of children in care, current salary or hourly rate, and the number of hours worked each week.

Printed Name

Signature

Date

Return this application with required documentation to:

T.E.A.C.H. Early Childhood® IOWA

Iowa Association for the Education of Young Children

5525 Meredith Drive, Suite F, Des Moines, IA 50310

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

T.E.A.C.H. Early Childhood® Iowa is a licensed program of Child Care Services Association

