

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

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...?

- | | | |
|---|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Asian: _____ |
| <input type="checkbox"/> Black, African Am. or Negro | <input type="checkbox"/> Korean | <input type="checkbox"/> Other Pacific Islanders: _____ |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other Race: _____ |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |

Languages I can speak fluently:

- | | | |
|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Korean | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Lao | <input type="checkbox"/> Tribal: _____ |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Persian | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Creole | <input type="checkbox"/> Polish | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> English | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> French | <input type="checkbox"/> Russian | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Spanish | |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Swahili | |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Tagalog | |

Preferred language: _____

EMPLOYMENT STATUS (check all that apply)

What is your current job title?

- Teacher Assistant teacher
 Administrator Owner/director
 Family based professional Non-teaching professional staff (not eligible for T.E.A.C.H.)
 Non-teaching support staff (specify) _____

How long have you worked in the early childhood field?

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

What age groups do you teach?

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

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

Have you taken any Early Childhood Education 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

Check all of the credentials and specializations you currently hold:

- CDA: Infant/Toddler CDA: Home visitor
 CDA: Preschool Specialization: Bi-lingual (language: _____)
 CDA: Family Child Care Iowa Teaching License (endorsement: _____)

Are you currently enrolled in an early childhood program at an Iowa community college or university? Yes No

If yes, what school are you attending? _____

If yes, which coursework are you working on?

- CDA for college credit CDA renewal course Child care diploma AA/AS/AAS degree
 Bachelor degree in ECE Bachelor in El. Ed. with EC endorsement EC endorsement (*specify*) _____

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

Please check one that best describes your educational goals:

- Early childhood or school-age credential (CDA) Take a few early childhood courses to obtain/upgrade job-related skills
 Early childhood associate degree Early childhood, infant/toddler or school-age certificate (diploma)
 Bachelor degree in early childhood education Early childhood endorsement (*specify*) _____
 Early childhood associate degree and transfer to a four-year college/university to earn a bachelor degree
 Bachelor degree in early childhood or elementary education with EC endorsement (*specify*) _____
 Renew teaching license Complete coursework to help program meet a quality measure

How many children are in your classroom or child care home? _____

How many hours per week do you work? _____

How many of these hours are directly providing care? _____

How many hours per week is your program open? _____

How many months per year do you work? _____

Beginning date of employment at current facility? _____

Are there children with special needs in your care? Yes No

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**

TOTAL FAMILY INCOME (spouse included) \$ _____

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 Childhood[®] IOWA for a scholarship to help pay for educational expenses. *Include documentation in the checklist below.*

Signature of Applicant

Date

APPLICATION CHECKLIST (TO BE COMPLETED BY THE APPLICANT)

- Copy of DHS license or registration certificate
 Copy of QRS certificate (*if applicable*)
 Copy of NAEYC/NAFCC accreditation (*if applicable*)
 Income verification (*current paycheck stub, etc.*)
 Completed participation agreement statement (*pg. 3 for participants, pg. 4 for sponsoring programs*)
 Financial aid (FAFSA) proof of application
 Copy of prior college transcript (*unofficial copies accepted*)

DIRECTIONS: Section A must be completed by director or owner.

A. CHILD CARE CENTER STAFF INFORMATION

(DIRECTORS, PRESCHOOL STAFF, AND CHILD DEVELOPMENT HOME ASSISTANT)

Name of center/program _____

Program address (physical) _____ City _____ Zip _____

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

County _____ License/DE number _____ **attach copy of license** Capacity _____ Enrolled _____

Phone # _____ Fax # _____ Email _____

Name of director/supervisor _____

Check all that apply to **the scholarship employee's classroom**:

- Profit Head Start
- Non-profit Shared Visions
- Part day preschool State funded universal voluntary preschool site
- Religious/church affiliated Public school early childhood special education

How many months per year is your program open? _____ Ages served _____

Does your program serve children receiving subsidy for child care? Yes, percentage of enrollment _____% No

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? _____

Do you own the center/program? Yes No

Is your program NAEYC Accredited: Yes No **attach copy of certificate** other (specify) _____

Is your program rated on Iowa's Quality Rating System? No Yes What is the rating? _____ **attach copy of certificate**

Programs must demonstrate participation in or progress towards a quality initiative such as QRS, QPPS, Head Start, or NAEYC accreditation.

Quality Indicator Information (Please check all that apply to your program)

- Creative curriculum
- High Scope curriculum
- CLASS (classroom assessment scoring system)
- ECERS (early childhood environmental rating scale)
- ITERS (infant toddler environmental rating scale)
- PITC (program for infant and toddler caregivers)
- Other: _____

Participant and KinderCare Education™

Participation Agreement

Scholarship Recipient agrees to the following:

- 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 KinderCare Education™ for one additional year upon successful completion of the 9-15 semester hours.

KinderCare Education™ agrees to the following:

For Teachers:

- Pay 20% of the cost of tuition and books for each approved course the scholarship employee is enrolled in, up to a maximum of 15 semester hours during the contract period.
- Provide up to 3 hours per week of paid release time.
- At the end of the education contract year, provide a \$350 bonus to the scholarship employee in no more than two equal payments.

For Directors:

- Pay 20% of the cost of tuition and books for each approved course the scholarship employee is enrolled in, up to a maximum of 15 semester hours during the contract period.
- At the end of the education contract year, provide a \$350 bonus to the scholarship employee in no more than two equal payments.

Signature of Recipient

Date

Signature of Director/Chairperson/Owner

Date

Print name of Director or Chairperson/Owner

Print name of Program

Updated 2.17.16

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@iowaaec.org

