

Florida T.E.A.C.H. Early Childhood® Scholarship Program
Scholarship Application for Family Child Care Home Providers
(FCCH Employees should use Center-Based Scholarship Application)
[Do not use this application to renew a credential]



Check **one** only: Staff Credential Director Credential AS Degree
 Must have active Staff Credential

Legal Name _____
 Print Clearly First Name Middle Name Last Name Maiden Name and/or Previous Last Names

Home Mailing Address _____ **Apt #** _____

City/State _____ **Zip+4** _____ **County** _____

Phone (H)() _____ **(Cell)**() _____ **(W)**() _____

Social Security Number _____ **Birthdate** (mm/dd/yyyy) _____

Email _____ **Home fax** () _____ Female
 Male

Employment Status

What is your current job title? _____ *Title	<input type="checkbox"/> Teacher	<input type="checkbox"/> Family-Based Professional*
	<input type="checkbox"/> Assistant Teacher	<input type="checkbox"/> Non-Teaching Professional Staff*
	<input type="checkbox"/> Administrator*	<input type="checkbox"/> Non-Teaching Support Staff*
	<input type="checkbox"/> Check if applicant is also FCCH owner	
What age group(s) do you teach? (please check all that apply)	<input type="checkbox"/> Infants (0-12 months)	<input type="checkbox"/> Preschool (37 months – PreK)
	<input type="checkbox"/> Toddlers (13-36 months)	<input type="checkbox"/> School age <input type="checkbox"/> N/A
How long have you worked in the field of early childhood?	<input type="checkbox"/> Less than 2 years	<input type="checkbox"/> 6-10 years
	<input type="checkbox"/> 2-5 years	<input type="checkbox"/> 10+ years

How many children are in your classroom or child care home? _____
 Do you teach in one of these classrooms? VPK Head Start N/A
 Beginning date of employment at your current FCCH /workplace? (mm/dd/yyyy) _____
 How many hours per **week** do you work in the classroom **with birth through PreK children**? _____
How many weeks each year is your home **actually** open? (There are 52 weeks in a year) _____
 How many **hours/day** is your home **actually** open? _____ How many **days/week** is your home open? _____

Educational History - Has your foreign diploma or certificate been evaluated? Yes No Not applicable

Name of High School Graduated from OR Name of GED Program	City and State <input type="checkbox"/> Check if online	Dates Attended	High School Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No	GED? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please check the box(es) that best describe your educational history:

- No high school diploma/GED
- High school diploma/GED earned
- One-year certificate earned
- College credits earned # _____
- Doctorate
- Associate degree earned – Major: _____
College name/location _____
- Bachelor degree earned – Major: _____
College name/location _____
- Masters degree earned – Major: _____

For T.E.A.C.H. use only
QUAL APP _____ Authorized _____

Earn an early childhood, infant/toddler, preschool or school age credential or certificate (check one)

- Take a few early childhood courses to obtain or upgrade job-related skills
- Earn an early childhood associate degree
- Earn an early childhood associate degree and transfer to a 4-year college/university to earn a bachelor degree
- Earn a bachelor degree

If you plan to go on for an AS degree in early childhood education, you may wish to take your Staff Credential/Director Credential for college credit. These courses are usually part of the AS degree program.

Are you *currently* attending a Florida college/training institution? Yes No

If yes, name of school _____

Which college or training program would you like to attend for classes covered by this scholarship? We cannot issue contracts without knowing which **Florida** school and which term you are or will be attending. Call T.E.A.C.H. at 1-877-358-3224 to check if an online program can be covered by a T.E.A.C.H. scholarship. **Specify one Florida school or online program *by name*.**

Name of school, including online program: _____ Smart Horizons Institute

Is this an online program? Yes No

When would you like your scholarship to begin? Check one term only. It can take 6-8 weeks to process your application and award you a scholarship.

- Spring
(Jan-April)
- Summer A
(May-June)
- Summer B (June-July)
 Before July 1 After June 30
- Fall
(Aug-Dec)
- I'll start if and when I am awarded a scholarship

Actual date class began/will begin (**call the school**) _____ **What year?** _____

Check all that apply: currently enrolled currently attending seeking reimbursement (**Date paid** _____) N/A

Are you applying for a **Formal Education Qualification**? If yes, how many college classes do you need? _____

[Do not use this application to renew a credential – use the Credential Renewal application to renew]

Do you have a Florida Staff Credential (FCCPC / ECPC / CDAE)? Yes No Enrolled Inactive

Do you have your National CDA Staff Credential? Yes No Applied Expired

Do you have a Florida Director Credential? Yes No Enrolled Inactive

If applicable, date your Staff Credential will expire/go inactive: _____

If applicable, date your Director Credential or Administrator Credential goes inactive: _____

How did you hear about the T.E.A.C.H. Early Childhood® Scholarship Program?

- Presentation
- Mailing
- CCR&R Agency
- College/School
- My Center Director
- Workshop
- Website
- T.E.A.C.H. recipient
- Other (**specify**) _____

Have you applied for any other financial aid (such as Pell Grants, Smart Start Grants or student loans)? No Yes

Source of financial aid #1 _____

Date of application: _____ Application status: Awarded Denied Pending

Source of financial aid #2 _____

Date of application: _____ Application status: Awarded Denied Pending

Instructions: For income, use the amount you made last month. For expenses, use the amount you spend in an average month. Instructions are in italics. **Do not include cents. USE PENCIL.**

Use the *Income/Payment Worksheet* included with this application (page 5) to list children's names and the amount paid **WEEKLY** for each child by parents, the amount of **MONTHLY** agency subsidy for each child, and the amount of **MONTHLY** reimbursement by the county for VPK (if applicable). **Round to the nearest dollar. USE PENCIL. USE PENCIL. USE PENCIL. USE PENCIL.**

1. What is the total amount paid to you by parents each week? \$ _____
 (See page 5) (*Multiply by 4.33 which is the number of weeks in a month*) x 4.33
2. **TOTAL MONTHLY PARENT PAYMENTS** \$ _____
3. How much is your USDA Food Program reimbursement / subsidy? _____
4. How much is the agency childcare subsidy for children in your care? (page 5) _____
5. How much is the VPK reimbursement for children in your care? (page 5) _____
6. **TOTAL MONTHLY INCOME** (Add lines 2, 3, 4 and 5) (DO NOT ADD LINE 1) \$ _____
7. In an average month, how much do you spend on the children in your child care home? (Do not send receipts)
 - a. Food (meals, snacks, formula) Check if parents supply any food \$ _____
 - b. Operating costs* (rent/mortgage and utilities allowable by IRS as business expenses -- **about 35%** of total household expense for rent/mortgage, utilities and homeowners insurance is **charged to your business**, or check with your accountant) (see page 6) _____*
 - c. Assistant or substitute _____
 - d. Crafts / toys / gifts / cleaning supplies / paper products _____
 - e. Transportation (56.5¢ per mile) (_____ total miles x .565)* _____*
 - f. Tuition / training fees* (**20% of yearly total divided by 12 months**) _____*
 - g. **Business** liability Insurance (**yearly total divided by 12 months**) _____*
 - h. **Business** phone (**business** cell or **separate** number) _____
 - i. Other (curriculum, advertising, etc. - **specify**) _____
8. **TOTAL MONTHLY EXPENSES** (Add lines 7a through 7i) \$ _____
9. **TOTAL MONTHLY PROFIT / (LOSS)** (Subtract Total Monthly Expenses -- line 8 -- from Total Monthly Income -- line 6)
 If line 8 is larger than line 6, you are operating at a loss \$ _____
10. **FCCH ANNUAL INCOME** (Monthly **Profit/Loss** -- line 9 x 12) \$ _____
11. **YOUR** yearly income from other jobs before taxes (if applicable) _____
12. **YOUR spouse's** yearly income before taxes (if applicable) _____
13. **TOTAL YEARLY FAMILY EARNINGS BEFORE TAXES** (add lines 10+11+12) \$ _____

*See page 6 of the application

DECLARATION AGF
Family Child Care Home Provider

As owner of the family child care home listed below, I attest to the fact that the information I have provided is true and accurate. Based on this information, I am applying to the Children's Forum for a scholarship to help pay the cost of educational expenses. I agree to complete all coursework related to any scholarship for which I

have been approved and understand that my benefits may be reduced if I am receiving other financial / scholarship assistance. In addition, **I agree to continue operating my family child care home for one year after completion of my contract. I further understand that if my application is incorrect or incomplete, it will be returned to me. I have made a copy of this application for my records.** I am a Florida resident. **I will be responsible for my portion of tuition and book expenses prepaid by T.E.A.C.H. even if I drop out of class or fail otherwise to complete my contract.**

- Florida Staff Credential (formerly CDA Equivalency)** – I will pay 20% of the cost of tuition and books for coursework needed to earn my Florida Staff Credential and 20% of the cost of the National CDA Credentialing fee if applicable.
- Director Credential (Must have an active Staff Credential to apply)** – I will pay 20% of the cost of tuition and books for 4.5 CEUs or up to three college level courses at an approved training institution.
- AS Degree in Early Childhood Education** – I will pay 20% of the cost of tuition and books for coursework leading to my AS degree in early childhood education.

_____ (Print Name of your FCCH as it appears on your license or registration) _____ (Date)

_____ (Signature) () _____ (Telephone Number)

FCCH Auspices (check all that apply): Profit Nonprofit Public Religious Exempt

Please check all forms of funding your facility receives:

Head Start Early Head Start State Head Start VPK None

Title I IDEA State Subsidies: contracts (School Readiness) State Subsidies: vouchers

License or Registration number _____

Is your family child care home NAEYC accredited? Yes No Other accreditation _____

Number of children licensed for _____ Number of children enrolled _____



T.E.A.C.H. Early Childhood® Scholarship Program
Children's Forum
 2807 Remington Green Circle / Tallahassee, FL 32308
 (850) 487-6302 or Toll Free (877) FL-TEACH [358-3224]
www.thechildrensforum.com/teach/php
DO NOT FAX!!!

Sponsored by the Children's Forum and by Florida's Office of Early Learning

Family Child Care Home Provider Only
INCOME / PAYMENT WORKSHEET
 Return with FCCH T.E.A.C.H. Application

Name of FCCH Provider

License/Registration number

Age of Child	FIRST NAME OF EACH CHILD (List all children in your care)	FOR EACH CHILD: Amount paid to you WEEKLY BY PARENTS	FOR EACH CHILD: Child Care Subsidy Amount paid to you MONTHLY by subsidizing agency	FOR EACH CHILD: VPK Reimbursement Amount paid to you MONTHLY by the local coalition
		\$	\$	\$
		\$	\$	\$

**(Put total on
Line 1 of page 3)**

**(Put total on
Line 4 of page 3)**

**(Put total on
Line 5 of page 3)**

Return with FCCH T.E.A.C.H. scholarship application to:
 2807 Remington Green Circle •Tallahassee, FL 32308

Family Child Care Home Provider
MONTHLY BUSINESS OPERATING EXPENSE WORKSHEET
 Return with FCCH T.E.A.C.H. Application

A Monthly Income Statement appears on page 3 of the Family Child Care Home Provider portion of the scholarship application form. The formulas and information below may help you determine your monthly expenses.

7b. Operating costs (Do not include food, auto or any other non-housing expenses)

Monthly Operating Expenses for **whole** house:

Mortgage including property taxes and homeowners insurance OR Rent (Military personnel living on base should enter the amount deducted monthly from paychecks to cover housing expense) <input type="checkbox"/> Check here if on-base military....	\$ _____
Electricity and/or Gas.....	_____
Water and Garbage (per month) (Divide quarterly bill by 3 to get monthly).....	_____
Basic telephone (no long distance) HOME phone only. Do not include cell. If business has a separate/cell phone, list it under 7h on page 3 of application.	_____
Internet access.....	_____
Other (specify – exterminator? bottled water?) _____	_____
Other (specify - lawn maintenance?, etc.) _____	_____
Total Monthly Operating Expenses for whole house	\$ _____
Multiply by 35%, approximate amount charged to business.....	_____ x .35
Total Monthly Business Operating Expenses (line 7b- Page 3)	\$ _____

7e. Transportation

If the business owns a vehicle, the cost of gas, insurance, maintenance, depreciation and other expenses attributable to the vehicle may be charged to the business. This means you may **NOT charge 56.5¢ per mile for travel**. **Check with your CPA for monthly cost of business-owned vehicles.**

You may **charge mileage** when you use a **personal vehicle for business**. It is important that you keep a meticulous record of business use which includes starting mileage, ending mileage, total miles driven for each trip and the **purpose** of each business trip (getting groceries or supplies for the business, field trips, transportation to and from school for afterschoolers, transportation to classes, business-related meetings, etc.) **Check with your accountant for a list of what is considered business expense**. You will need this log when preparing your Federal Income Tax Return. The 56.5¢ per mile deduction was effective 1/1/13. The deduction will probably change for 2014.

7f. Tuition / training fees

When computing monthly cost of tuition, remember that if you receive a scholarship you will only be paying **10-20% of the cost** of your Director Credential, Staff Credential or AS degree classes. Multiply yearly total cost of tuition and books by .20 (20%) then divide by 12 months to arrive at a monthly cost.

7g. Insurance

About 35% of the cost of your homeowner’s insurance policy can be charged to your business (**already charged in 7b above**). But if you have liability insurance for your business **only**, 100% of the cost can be charged to your business on page 3. (Don’t forget to divide yearly total by 12 to get a monthly cost.)