

**Florida T.E.A.C.H. Early Childhood® Scholarship Program**  
**Scholarship Application for Center-Based Staff & FCCH Employees**  
**[Do not use this application to renew a credential]**



Check one only:  Florida Staff Credential (FCCPC/ECPC/FEQ/SAPC)  Director Credential (Must have an active Staff Credential)  AS Degree in ECE  3-6 Credit Hours in ECE (Do not use for FEQ)

**Legal Name** \_\_\_\_\_  
 Print Clearly First Name Middle Name Last Name Maiden Name and/or Previous Last Names

**Home Mailing Address** \_\_\_\_\_ **Apt #** \_\_\_\_\_

**City/State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **County** \_\_\_\_\_

**Phone (H)**( ) \_\_\_\_\_ **(Cell)**( ) \_\_\_\_\_ **(W)**( ) \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Birthdate** (mm/dd/yyyy) \_\_\_\_\_

**Email** \_\_\_\_\_ **Home fax** ( ) \_\_\_\_\_  Female  Male

**Employment Status** \_\_\_\_\_ **Center License #** \_\_\_\_\_

<b>What is your current job title?</b>	<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*
<b>Write your title if category has *</b>	<input type="checkbox"/> <b>Check if applicant is also center owner</b>	
<b>What age group(s) do you teach?</b> (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
<b>How long have you worked in the field of early childhood?</b>	<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? \_\_\_\_\_ How many children are in your ASP group? \_\_\_\_\_  N/A  
 Do you teach in one of these classrooms?  VPK  Head Start  N/A  
 How many **hours/week** do you work in the classroom **with birth through PreK children?** \_\_\_\_\_ **ASP?** \_\_\_\_\_  
 Beginning date of employment at your current employer? (mm/dd/yyyy) \_\_\_\_\_

**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
- College credits earned # \_\_\_\_\_
- Associate degree earned – Major: \_\_\_\_\_  
College name/location \_\_\_\_\_
- Bachelor's degree earned – Major: \_\_\_\_\_  
College name/location \_\_\_\_\_
- Master's degree earned – Program: \_\_\_\_\_  
College name/location \_\_\_\_\_
- Doctorate – Program: \_\_\_\_\_

**Please check one that best describes your educational goals:**

- 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 a bachelor degree

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

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.

Have you taken the college placement test (CPT)?  Yes  No

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

If yes, name of school \_\_\_\_\_

Go to: <https://regportal.flchild.com/degreedatabase> for a list of approved Florida schools/programs. Specify one Florida school or online program by name. FCCPC /ECPC/SAPC program must be approved by DCF or FL DOE. Director Credential program must be approved by DCF. Click on above link.

Name of school, including online program (one school only): 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)  Fall (Aug-Dec)  I'll start if and when I am awarded a scholarship  
 Before July 1  After June 30

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

If you already have a college degree, are you applying for a Staff Credential Formal Education Qualification (FEQ)?  Yes  No (For details call 877-358-3224) 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 an active Florida Staff Credential (FCCPC/ECPC)?  Yes  No  Enrolled  Inactive

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

Do you have an active Director or Administrator Credential?  Yes  No  Enrolled  Inactive

If applicable, date your Staff Credential will expire/go inactive (include DCF transcript): \_\_\_\_\_

If applicable, date your Director /Administrator Credential will go inactive (include DCF transcript): \_\_\_\_\_

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

Presentation  Mailing  T.E.A.C.H. scholar  College/School  My Center Director  
 Workshop  Online  ELC  Other (specify) \_\_\_\_\_

## PROGRAM INFORMATION

Legal Name of Center: \_\_\_\_\_

P.O. Box/Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_, FL \_\_\_\_\_ County: \_\_\_\_\_

Phone #1 ( ) \_\_\_\_\_ Phone #2 \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

License # \_\_\_\_\_ Is your center NAEYC accredited?  Yes  No

Center email address \_\_\_\_\_

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

Please check all forms of funding your center receives:

Head Start  Early Head Start  State Head Start  VPK  None  
 Title I  IDEA  State Subsidies: contracts  State Subsidies: vouchers  
(School Readiness)

Number of children licensed for \_\_\_\_\_ Number of children enrolled \_\_\_\_\_

# CENTER-BASED SPONSOR AGREEMENT

- Check one only:  Florida Staff Credential (FCCPC/ECPC/FEQ/SAPC)  Director Credential (Must have an active Staff Credential)  AS Degree in ECE  3-6 Credit Hours in ECE

As this applicant's supervisor, the owner or a duly authorized representative of the childcare facility named on the previous page, I agree to all conditions listed below. (Please check appropriate boxes and sign below.)

Applicant is **TEACHER** (center or FCCH employee but not director or owner)

1. The center will pay 10% of Staff Credential tuition **and** 10% of the National CDA Credentialing fee if applicable **or** 10% of Director Credential tuition **or** 10% of the AS degree tuition **or** 10% of tuition for 3-6 credit hours. **AND**
2. The center will provide three hours per week of paid release time when classes are in session regardless of the number of courses taken even if classes are taken at night or online. (Does not apply to recipients working less than 30 hours per week, volunteers, or to recipients during times their centers are closed for vacation, holidays, etc. or if the recipient is on vacation.) T.E.A.C.H. will reimburse the center \$10.10 for every hour of release time given to qualified employees up to 48 hours per term (\$482). **AND**
3. At the end of the Staff Credential or AS contract (does not apply to Director Credential or 3-6 credit hour scholarship) the center will  
 A. award a \$250 bonus (choose this option for volunteers)

→ **OR**

- B. award a 2% raise over and above any normally occurring annual increase.

Applicant is **CENTER EMPLOYEE** (director, assistant director, etc. but not owner)

1. The center will pay 10% of Staff Credential tuition **and** 10% of the National CDA Credentialing fee if applicable **or** 10% of Director Credential tuition **or** 10% of the AS degree tuition **or** 10% of tuition for 3-6 credit hours. **AND**
2. **For AS degree applicants ONLY**, at the end of the contract the center will  
 A. award a \$250 bonus

→ **OR**

- B. award a 2% raise over and above any normally occurring annual increase.

Applicant is **CENTER OWNER**

The center will pay 10% of Staff Credential tuition and 10% of the National CDA Credentialing fee if applicable **or** 10% of Director Credential tuition **or** 10% of the AS degree tuition **or** 10% of tuition for 3-6 credit hours.

## TO BE COMPLETED BY APPLICANT'S SUPERVISOR, FACILITY OWNER OR REPRESENTATIVE

I affirm that this applicant's date of hire is \_\_\_\_\_. By signing this document I agree to the terms stated above and affirm that this applicant (complete all 6 statements below -- use zeros where necessary):

- 1) is paid/volunteers for \_\_\_\_ weeks per year, not number of paychecks (there are 52 weeks in a year) **AND**
- 2) works/volunteers in a birth-PreK classroom: \_\_\_\_\_ hours per week **AND/OR**
- 3) works/volunteers in a before/afterschool program:  $\pm$  \_\_\_\_\_ hours per week **AND/OR**
- 4) works in an administrative capacity for:  $\pm$  \_\_\_\_\_ hours per week
- 4) For a total of: \_\_\_\_\_ hours worked per week (usually 40) **AND**
- 6) is paid at a rate of \$\_\_\_\_\_ per hour. **OR** If employee is salaried, yearly salary is \$\_\_\_\_\_.

I agree this facility will be responsible for the above conditions even if the employee breaks the contract.

\_\_\_\_\_  
(Print Name of Applicant's Supervisor or Facility Owner)

\_\_\_\_\_  
(Email address)

\_\_\_\_\_  
(Signature of Applicant's Supervisor or Facility Owner)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Cell #)

\_\_\_\_\_  
(Date)

## STATEMENT OF INCOME

**Instructions:** Complete sections A through C below. For income verification for your job, your supervisor must correctly complete and sign the verification of income section on page 3 of this application. **Do not send pay stubs** in lieu of completing the verification of income section. There are 52 weeks in a year.

A. **Your** earnings at Job #1 (sponsoring center)..... \$ \_\_\_\_\_ per \_\_\_\_\_  
Name of your sponsoring center \_\_\_\_\_  
Number of **hours** you work/volunteer **per week** ..... \_\_\_\_\_  
Number of weeks per year that you are **paid/volunteer for**  
(**not** number of pay checks)..... \_\_\_\_\_  
**Yearly salary at Job #1**.....\$ \_\_\_\_\_\*  
(Number of hours x Number of weeks x Hourly rate)

B. Pre-tax earnings on your additional job(s) (if applicable)..... \$ \_\_\_\_\_\*  
**Total yearly earnings before taxes** (Add lines marked with an asterisk \*).....\$ \_\_\_\_\_

C. Have you applied for any other financial aid, such as Pell Grants, Smart Start Grants or student loans? (Will not affect awarding of scholarships)  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

## APPLICANT'S AFFIRMATION READ VERY CAREFULLY BEFORE SIGNING INCOMPLETE APPLICATIONS WILL BE RETURNED

I understand that I will be responsible for 10% of the cost of tuition and books and 10% of the National CDA Credentialing fee if applicable. 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 further understand that my benefits may be reduced if I am receiving other financial / scholarship assistance. In addition, **I agree to commit to employment at my sponsoring center for one year (6 months for 3-6 credit hour scholarship) after completion of my T.E.A.C.H. contract. I understand that if my application is incomplete or incorrect, it will be returned to me. I have read over this application to ensure completeness and correctness and have made a copy of this application for my own records.** I am a Florida resident.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## GENERAL INFORMATION

### ABOUT YOU

**Including yourself**, how many people live in your household? \_\_\_\_\_

Number	Relationship
1	Self
	Parents
	Siblings (brothers/sisters)
	Spouse/Significant Other
	Children
	Other

Return this 5-page application with a copy of your DCF transcript and a copy of any National CDA credential certificates you have earned, even if they have expired.

Are you of Hispanic, Latino or Spanish origin?

- No     
  Yes, Cuban     
  Yes, other Hispanic, Latino or Spanish     
  Yes, Puerto Rican  
 Yes, Mexican, Mexican American, Chicano

Do you Consider Yourself to be:

- White     
  Black, African American     
  Korean     
  Native Hawaiian  
 Asian Indian     
  Japanese     
  Chinese     
  Guamanian or Chamorro  
 Filipino     
  Vietnamese     
  Samoan     
  Other Asian \_\_\_\_\_  
 American Indian or Alaskan Native     
  Other Pacific Islander: \_\_\_\_\_  
 Other Race \_\_\_\_\_

### LANGUAGE

Which language(s) do you speak fluently?

- English     
  Spanish     
  Hindi     
  Swahili     
  Japanese     
  Tagalog     
  Arabic     
  Thai  
 Korean     
  Armenian     
  Creole     
  Chinese     
  Persian     
  Urdu     
  Lao     
  Polish  
 Vietnamese     
  French     
  Portuguese     
  Yiddish     
  Greek     
  Russian  
 Other \_\_\_\_\_

What is your preferred language for learning? \_\_\_\_\_

### EDUCATION

- Have you taken college courses in the past two years?       Yes       No  
 Have you earned early childhood college *credits* in the past two years?       Yes, how many? \_\_\_\_\_       No  
 Have your parents or siblings attended college?       Yes       No  
 Have your parents or siblings earned a college degree?       Yes       No

Credentials/Certificates (active and inactive). Check all that apply (NCDA = National CDA Credential)

- NCDA: Infant/Toddler     
  NCDA Specialization: Bilingual (language: \_\_\_\_\_)  
 NCDA: Preschool     
  State-Issued Credential (FCCPC, ECPC, FEQ, SAPC, Director Credential)  
 NCDA: Family Child Care Home     
  Post BA (state teaching license)  
 NCDA: Home Visitor     
  None

### EXPERIENCE

CPR/First Aid Certified?       Yes       No



OFFICE OF  
**Early Learning**  
LEARN EARLY. LEARN FOR LIFE.

**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.teach-fl.com](http://www.teach-fl.com)  
**DO NOT FAX!!!**

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