

## Required Attachments:

Scholarship applications WILL NOT be processed without the following attachments:

**For all Scholarship Applicants** *(Please attach the following documents)*

- Verification of Income
  - **Family/Group Child Care Home Owner**
    - Copy of most recent DHS subsidy payment receipt if applicable
    - Copy of most recent Child and Adult Care Food program reimbursement payment detail if applicable
  - **Child Care Center or Family/Group Child Care Home Employee**
    - Copy of most recent pay stub
- Proof of application for financial aid. Visit [www.fafsa.gov](http://www.fafsa.gov) to apply. *(Effective July 1, 2016 applications will not be accepted without proof of application for financial aid.)* **NOT required for CDA Assessment Scholarship.**

### CDA Assessment and Renewal Scholarship Additional Requirements

*In addition to the requirements for all scholarship applicants above please attach the following documents:*

1. **IF YOU ARE APPLYING ONLINE-** [www.cdacouncil.org](http://www.cdacouncil.org) (preferred method):
  - Your CDA Credential or Renewal Application (print a copy to send in after completion)
  - Copy of Cover Letter (once entered that an agency is paying the full amount online it will prompt you to print the Cover Letter)
  - Copy of the "Summary of My CDA Education form" from Council Competency Standard book or verification of training hours.
2. **IF YOU ARE APPLYING via PAPER APPLICATION:**
  - Copy of CDA Credential Application or CDA Renewal Application.
  - Copy of the "Summary of My CDA Education form" from the Council Competency Standard book or verification of training hours.

### Bachelor Degree Scholarship Additional Requirements

*In addition to the requirements for all scholarship applicants above please attach the following documents:*

- Transfer Credit Evaluation indicating articulation of at least 55 credits
- Admission letter to participating college/university

**Send application and supporting documents to:**

T.E.A.C.H. Early Childhood® Michigan

839 Centennial Way, Suite 200

Lansing, MI 48917

Fax: 517-351-0157

e-mail: [teach@miaeyc.org](mailto:teach@miaeyc.org)

Phone: 1-866-648-3224



# T.E.A.C.H. Early Childhood® MICHIGAN

## Scholarship Application

Date of Application \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name  
 \_\_\_\_\_

Street Address  
 \_\_\_\_\_

City  
 \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Email Address  
 \_\_\_\_\_

Home/Cell phone \_\_\_\_\_ (include area code) Work phone \_\_\_\_\_ (include area code)

Ethnicity: Are you of Hispanic, Latino, or Spanish origin? (Data used for statistical purposes only.)  
 No  Yes, Mexican, Mexican American, Chicano  
 Yes, Cuban  Yes, Puerto Rican  Other Hispanic, Latino or Spanish

Do you consider yourself...?  
 Caucasian  Filipino  Samoan  
 African American/Black  Guamanian/Chamorro  Vietnamese  
 American Indian/Alaska Native  Japanese  Other Asian \_\_\_\_\_  
 Asian Indian  Native Hawaiian  Other Pacific Islander \_\_\_\_\_  
 Chinese  Korean  Other Race \_\_\_\_\_

Which languages can you speak fluently?  
 Arabic  Japanese  Swahili  
 Armenian  Korean  Tagalog  
 Chinese  Lao  Thai  
 Creole  Persian  Tribal: \_\_\_\_\_  
 English  Polish  Urdu  
 French  Portuguese  Vietnamese  
 Greek  Russian  Yiddish  
 Hindi  Spanish  Other: \_\_\_\_\_

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

Gender:  Female  Male

Marital Status:  Single  Married

Number of people living in household (include self) \_\_\_\_\_

Number living in Household	Relationship
_____	Parents
_____	Siblings
_____	Spouse/Sig. Other
_____	Children
_____	Other

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

How did you hear about the T.E.A.C.H. Early Childhood® MICHIGAN Program?  
 Child Care Licensing  College/University  Great Start to Quality Resource Center  Mailing  
 My Center Director  Presentation  T.E.A.C.H. Recipient/Sponsor  Website  
 Workshop  Other (please specify) \_\_\_\_\_



# Complete One (1) Column Only

Family/Group Child Care Home or  
Child Care Center **Owner**  
Monthly Income

Family/Group Child Care Home or  
Child Care Center **Employee**  
Statement of Income

Income

- 1. Total monthly parent fees 1.
- 2. What is your monthly DHS subsidy? (attach copy) 2.
- 3. What is your monthly Child & Adult Care Food Program reimbursement? (attach copy) 3.
- 4. Total Monthly Revenue (add lines 1 thru 3) 4.

Monthly Expenses

- 5. Food 5.
- 6. Toys/Equipment/Crafts/Supplies 6.
- 7. Assistant/Substitute Care 7.
- 8. Training 8.
- 9. Transportation 9.
- 10. Gifts for Children/Families 10.
- 11. Other (specify) 11.
- 12. Total Monthly Expenses 12.

Total Revenue (Box 4)    —    Total Expenses (Box 12)    =    Monthly Earnings

   —        =   

Applicant's Income

Job #1    Earnings:  per   
(hour/week/month)

Employer: \_\_\_\_\_

Hours/week \_\_\_\_\_

Job #2    Earnings:  per   
(hour/week/month)

Employer: \_\_\_\_\_

Hours/week \_\_\_\_\_

Your Total Income:

Your Total Family Income:   
(Spouse Included)

Have you applied for any other financial aid?     Yes     No  
(i.e., Pell grants or student loans)

Source of financial aid: #1 \_\_\_\_\_

Date of application: \_\_\_\_\_  
(please attach copy of award letter)

Application Status:     Awarded     Denied     Pending

Source of financial aid: #2 \_\_\_\_\_

Date of application: \_\_\_\_\_  
(please attach copy of award letter)

Application Status:     Awarded     Denied     Pending

\* Most recent pay stub must be attached to application.

**Statement and Signature of Applicant**

The information I have provided is true and accurate, and I am applying to the Michigan Association for the Education of Young Children for a T.E.A.C.H. Early Childhood® MICHIGAN scholarship to help pay for a portion of the cost of my educational expenses.

\_\_\_\_\_  
[Signature of applicant]

\_\_\_\_\_  
[Date]

## Participation Agreement

Check One	Model (Part-Time: Recipients working between 20-29 hours per week)	Portion of Tuition/Credential (Maximum of 6 credits/semester)	Credits per Contract (Three semesters/terms)	Release Time	Compensation	Recipient Commitment
A	<b>Building Foundations Scholarship</b> (One 3 or 4 credit Course)	T.E.A.C.H.: 80% Sponsor: 10% Recipient: 10%	One 3 or 4 Credit Course	N/A	T.E.A.C.H.: \$100 Sponsor: \$0	Six months
B	<b>Part Time Associate Degree/CDA Training</b>	T.E.A.C.H.: 80% Sponsor: 10% Recipient: 10%	9-18	N/A	T.E.A.C.H.: \$150 Sponsor: \$100	One year
C	<b>Associate Degree / CDA Training- RAISE</b>	T.E.A.C.H.: 80% Sponsor: 10% Recipient: 10%	9-18	Up to 6 hours per week	T.E.A.C.H.: \$300 Sponsor: 2% Raise	One year
D	<b>Associate Degree / CDA Training- BONUS</b> (All Family/Group Home Owners select this option.)	T.E.A.C.H.: 80% Sponsor: 10% Recipient: 10%	9-18	Up to 6 hours per week	T.E.A.C.H.: \$300 Sponsor: \$375	One year
E	<b>Associate Degree / CDA Training- STIPEND</b> (Must provide copy of agency policy.)	T.E.A.C.H.: \$200/credit \$1200 cap/semester Sponsor: 0%	9-18	N/A	N/A - included in stipend	One year in the ECE field
F	<b>Part Time Bachelor Degree</b>	T.E.A.C.H.: 80% Sponsor: 10% Recipient: 10%	9-18	N/A	T.E.A.C.H.: \$200 Sponsor: \$150	One year
G	<b>Bachelor Degree- RAISE</b>	T.E.A.C.H.: 80% Sponsor: 10% Recipient: 10%	9-18	Up to 6 hours per week	T.E.A.C.H.: \$400 Sponsor: 2% Raise	One year
H	<b>Bachelor Degree- BONUS</b> (All Family/Group Home Child Care Owners select this option.)	T.E.A.C.H.: 80% Sponsor: 10% Recipient: 10%	9-18	Up to 6 hours per week	T.E.A.C.H.: \$400 Sponsor: \$375	One year
I	<b>Bachelor Degree- STIPEND</b> (Must provide copy of agency policy)	T.E.A.C.H.: \$350/credit \$2100 cap/semester Sponsor: 0%	9-18	N/A	N/A - included in stipend	One year in the ECE field
J	<b>CDA Assessment Scholarship- with SPONSOR</b> (All Family and Group Home Child Care Owners select this option.)	T.E.A.C.H.: 85% Sponsor: 15% Recipient: 0%	N/A	N/A	T.E.A.C.H.: \$300 Sponsor: \$0	Six months
K	<b>CDA Assessment Scholarship- without SPONSOR</b>	T.E.A.C.H.: 85% Sponsor: 0% Recipient: 15%	N/A	N/A	T.E.A.C.H.: \$200 Sponsor: \$0	Six months in the ECE field
L	<b>CDA Assessment- Renewal</b>	T.E.A.C.H.: 85% Sponsor: 0% Recipient: 15%	N/A	N/A	T.E.A.C.H.: \$50 Sponsor: \$0	Six months in the ECE field
M	<b>ZS Endorsement Fee</b>	T.E.A.C.H.: 85% Sponsor: 0% Recipient: 15%	N/A	N/A	T.E.A.C.H.: \$50 Sponsor: \$0	Six months in the ECE field

Name of Program: \_\_\_\_\_

Program Address: \_\_\_\_\_

License/Registration Number: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Center Tax Status:  Profit  Nonprofit    Accredited:  Yes  No    If yes, by whom? \_\_\_\_\_

Please check all forms of funding your facility receives:  DHS Subsidy  Early Head Start  GSRP  Head Start  IDEA  Title I

Print Name of chairperson/home or center owner/director \_\_\_\_\_

Signature of chairperson/home or center owner/director \_\_\_\_\_ (Date)