

T.E.A.C.H. Early Childhood® Michigan  
**INFORMATION UPDATE FORM**

Form U

Instructions: Fill out the form completely and sign it.

In order to receive future reimbursements this form **must** be returned to our office.  
**YOUR CURRENT PAY STUB MUST BE ATTACHED. HOME PROVIDER, PLEASE SEND A COPY OF YOUR MOST RECENT SCHEDULE C EACH YEAR AFTER FILING YOUR TAXES.**

**PERSONAL INFORMATION**

Current Information	Indicate any necessary corrections here:
Name:	_____
Social Security #:	_____
Student ID #:	_____
Address:	_____
MI	_____
Email Address:	_____
Home Phone:	_____
Work Phone:	_____
Cell Phone:	_____

**FAMILY INFORMATION**

Family Type:  Single, No Children  Single Parent  Married, No Children  Ma  Pa  Other  
 Number in family, including yourself: \_\_\_\_\_

**CURRENT EMPLOYMENT INFORMATION**

Center Name (if applicable):	Has your position changed within the last 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? _____
License or registration #:	Has your hourly wage changed within the last 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when _____ and how much? _____
Position:	<b>TELL US ABOUT YOUR CLASSROOM</b> (Check all that apply) <input type="checkbox"/> State Voluntary Preschool Program <input type="checkbox"/> Shared Vision <input type="checkbox"/> Early Childhood Special Ed <input type="checkbox"/> Head Start <input type="checkbox"/> Part-Day Preschool <input type="checkbox"/> Child Care Center Child Development Home <input type="checkbox"/> A <input type="checkbox"/> B or <input type="checkbox"/> C
Age group(s) you work with: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Pre- School <input type="checkbox"/> school <input type="checkbox"/> Age Admin <input type="checkbox"/>	
# of hours worked per year:	
Current hourly wage:	

**EDUCATION INFORMATION**

When do you expect to complete your degree? \_\_\_\_\_

Are you receiving other sources of financial aid?  No  Yes If yes, please list below:  
 EXAMPLE: LOTTERY, PELL GRANT, et., \$500 PER SEMESTER

Do you wish to continue on your T.E.A.C.H. Early Childhood® Scholarship?  No  Yes

I certify that the information given above is complete and accurate to the best of my knowledge.

Signature of Scholarship Recipient	Date	Signature of Authorized Representative of Sponsoring Center	Date
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Return this form to: Michigan AEYC  
 T.E.A.C.H. Early Childhood (R) Michigan  
 839 Centennial Way Suite 200  
 Lansing, MI 48917