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 or Workforce Support Professional**
  - Copy of most recent pay stub

☐ Proof of application for financial aid. Visit 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:

YOU MUST APPLY ONLINE- www.cdacouncil.org (required 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 "Summary of My CDA Education" form from Council Competency Standard book or "Training Verification Form"

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

Master's Degree Scholarship Additional Requirements

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

☐ 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
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) _____

Employment Status:

Provider Type:

☐ Child Care Center Owner ☐ Child Care Center Employee or Group Child Care Home Assistant Giver ☐ Family/Group Child Care Home Owner

☐ Non-teaching support professional

a. **What is your current job title?**

☐ Teacher ☐ Assistant Teacher/Caregiver ☐ Non-teaching Staff Non-Professional Staff

☐ Family based Professional ☐ Administrator ☐ Non-teaching Support Staff

b. **What age groups do you work with? (Please check all that apply.)**

☐ Infants (0—12 months) ☐ Toddler (13–36 months) ☐ Preschool (37 months–PreK) ☐ School Age

☐ I do not work directly with children

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

d. **How many hours per week do you work?** _____

e. **How many months per year do you work?** _____

f. **What was your beginning date of employment in current workplace?** _____

g. **What is your current hourly wage?** _____

h. **How long have you worked in the field of early childhood?**

☐ Less than 2 years ☐ 2 - 5 years ☐ 6 - 10 years ☐ 10+ years

Educational Background/Goals:

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

☐ No high school diploma ☐ Associates Degree major: _____

☐ High school diploma/GED ☐ Bachelor's Degree major: _____

☐ 1 year certificate ☐ Master's Degree major: _____

☐ Some college ☐ Doctoral Degree major: _____

☐ CDA: Infant/Toddler ☐ CDA: Family Child Care

☐ CDA: Preschool ☐ CDA: Home Visitor

☐ CDA: Family Child Care

Please check ALL the box(es) that best describes your educational goals:

☐ Earn an Early Childhood or School Age Youth Development Credential.

☐ Take a few early childhood courses to obtain or upgrade my job-related skills.

☐ Earn an Early Childhood, Infant/Toddler or School Age Youth Development Certificate.

☐ Earn an Early Childhood Associates Degree.

☐ Earn an Early Childhood Associates Degree and transfer to a four–year college/university to earn a Bachelor's Degree.

☐ Earn an Early Childhood Endorsement (ZS).

☐ Earn an Early Childhood Bachelor's Degree.

☐ Earn an Early Childhood Master's Degree.

Are CPR/First Aid certified? ☐ Yes ☐ No

Are you currently enrolled at a community college/university? ☐ Yes ☐ No

Have you take any ECE credits in the past two years? ☐ Yes (how many) _____ ☐ No

Which participating community college/university do you plan to attend? _____

When would you like your scholarship to begin? (choose one) ☐ Fall ☐ Winter/Spring ☐ Summer **Year** _____

Have you applied for any of the following financial aid? ☐ Pell ☐ Scholarships ☐ Student Loans

If awarded, please list and attach a copy of the award letter. _____

Complete One (1) Column Only

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

[ ] — [ ] [ ]

-OR-

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

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		Building Foundations Scholarship (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		Part Time Associate Degree/CDA Training	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		Associate Degree / CDA Training- RAISE	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		Associate Degree / CDA Training- BONUS (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		Associate Degree / CDA Training- STIPEND (All Workforce Support Professionals select this option) (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		Part Time Bachelor Degree	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		Bachelor Degree- RAISE	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		Bachelor Degree- BONUS (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		Bachelor Degree- STIPEND (All Workforce Support Professionals select this option) (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		CDA Assessment Scholarship- with SPONSOR (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		CDA Assessment Scholarship- without SPONSOR	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		CDA Assessment- Renewal	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		ZS Endorsement Fee	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
N		Master's Degree- STIPEND	T.E.A.C.H.: $550 credit $3300 cap/semester Sponsor: 0%	9-18	N/A	N/A	One year in the ECE field

Name of Program: _____ Program Address: _____

License/Registration Number: _____ County: _____

Director/Administrator email : _____ 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)