

Contract # \_\_\_\_\_

# T.E.A.C.H. EARLY CHILDHOOD® MICHIGAN

## INFORMATION UPDATE FORM

Instructions: Fill this form out completely and sign it. In order to receive future reimbursements this form must be returned to our office. You will receive new reimbursement forms in 6 to 8 weeks.

PERSONAL INFORMATION	
Current Information	Make Corrections Here:
Name:	
Teach ID #:	
Address:	
Email Address:	
Primary Phone: _____	
Secondary Phone:	

CURRENT EMPLOYMENT INFORMATION	
Center:	
License #:	
Current Position:	
Age group(s) you work with: 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 Age <input type="checkbox"/> Admin <input type="checkbox"/>	
# of hours worked per week:	
Current hourly wage:	
Has your position changed within the last 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? _____	
Has your hourly wage changed within the last 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? _____ Please attach a current paystub	

FAMILY INFORMATION	
<b>Family Type:</b> <input type="checkbox"/> Single, No Kids <input type="checkbox"/> Single Parent or Grandparent <input type="checkbox"/> Married, No Kids <input type="checkbox"/> Married Parent or Grandparent	<b>Number in family, including yourself:</b> _____

EDUCATION INFORMATION	
When do you expect to complete your degree?	
Are you receiving other sources of financial aid? If so, please list below. EXAMPLE: PELL GRANT \$500 PER SEMESTER	
Do you wish to continue on your T.E.A.C.H. Early Childhood® Scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

_____ Recipient:	_____ Date	_____ Signature of Authorized Representative from Sponsoring Child Care Facility	_____ Date
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