



T.E.A.C.H. Early Childhood MICHIGAN® Scholarship Application

Application Information Section:

Date of Application: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ (required) Date of Birth: \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

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

City \_\_\_\_\_

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

E-mail Address (will be used for all correspondence) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Demographic Information: (data used for statistical purposes only)

Do you consider yourself Latinx?

- No
Yes (this includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Spanish)

Do you consider yourself...?

- White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, Other, two or more races, Other

What languages can you speak fluently? (must list at least one)

What is your preferred language for learning? (List ONE only) \_\_\_\_\_

Gender: \_\_\_\_\_ Marital Status: Single Married

Number of people living in household (including yourself): \_\_\_\_\_

Do your parents live in your household? Yes No If yes, how many? \_\_\_\_\_

Do you have siblings living in your household? Yes No If yes, how many? \_\_\_\_\_

Do you have a spouse or significant other living in your household? Yes No

Do you have children living in your household? Yes No If yes, how many? \_\_\_\_\_

Have either of your parents or any of your siblings attended college? Yes No

Have either of your parents or any of you siblings earned a degree? Yes No

How did you hear about the T.E.A.C.H. Early Childhood Michigan scholarship program?

- Child Care Licensing, My Center Director, Workshop, College/University, Presentation, Great Start to Quality Resource Center, T.E.A.C.H. Recipient or Sponsor

- Mailing
   
  Website
   
  Social Media  
 Other (please specify): \_\_\_\_\_

**Personal History:**

How long have you worked in the field of early childhood education?

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

Are you CPR and First Aid Certified?     Yes             NO

Select the box that best describes your highest level of education:

- |  |  |                      |
|--|--|----------------------|
| <input type="checkbox"/> No high school diploma              | <input type="checkbox"/> Associate Degree  | Area of Study: _____ |
| <input type="checkbox"/> High school diploma/GED             | <input type="checkbox"/> Bachelor's Degree | Area of Study: _____ |
| <input type="checkbox"/> CDA            CDA Setting: _____   | <input type="checkbox"/> Master's Degree   | Area of Study: _____ |
| <input type="checkbox"/> Certificate    Area of Study: _____ | <input type="checkbox"/> Doctoral Degree   | Area of Study: _____ |
| <input type="checkbox"/> Some college Area of Study: _____   |  |                      |

Select the box that best describes your long-term educational goals:

- Earn an Early Childhood CDA or School Age Youth Development Credential
- Take a few early childhood courses to obtain or upgrade your job-related skills
- Earn an Early Childhood, Infant/Toddler, or School Age Youth Development Certificate
- Earn an Early Childhood Associate Degree
- Earn an Early Childhood Associate Degree and transfer to a college/university to earn a bachelor's degree
- Earn a Birth to Kindergarten license
- Earn a Bachelors Degree
- Earn a Masters Degree

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

Have you taken any early childhood education credits in the past two years?

- Yes (how many?) \_\_\_\_\_    
  No

**Scholarship Section**

I am applying for a scholarship to:

- Take one 3 or 4 credit course in early childhood education
- Take credit-bearing CDA training through a community college (Must complete Employer Verification Section)
- Apply for a CDA credential or renewal (Must have completed Council for Professional Recognition application at [www.cdacouncil.org/yourcda](http://www.cdacouncil.org/yourcda) up until payment due portion) (Must complete Employer Verification Section)  
    CDA Setting:     Infant/Toddler             Preschool             Family Child Care
- Earn an Associate Degree in ECE (Must complete Employer Verification Section)
- Earn a Bachelor's Degree in ECE (Must complete Employer Verification Section)
- Earn a Master's Degree in ECE (Must complete Employer Verification Section)

List the participating college or university you wish to attend on scholarship: \_\_\_\_\_

What semester and year you would like your scholarship to begin (CDA Assessment Applicants leave blank)?

- Fall                   
  Winter/Spring           
  Summer           
 Year: \_\_\_\_\_

**Employment Section**

What setting do you work in?

- |   |   |
|---|---|
| <input type="checkbox"/> Licensed child care center | <input type="checkbox"/> I'm a Licensed Home-Based provider                                     |
| <input type="checkbox"/> Head Start program         | <input type="checkbox"/> I'm a Workforce Support Professional (Master's Degree applicants ONLY) |
| <input type="checkbox"/> GSRP program               | <input type="checkbox"/> I'm currently unemployed or laid off due to COVID-19                   |

Select your job title:

- |   |  |
|---|--|
| <input type="checkbox"/> Teacher  | <input type="checkbox"/> Assistant Teacher             |
| <input type="checkbox"/> Director, Assistant Director, or Administrator | <input type="checkbox"/> Owner of Center-Based Program |
| <input type="checkbox"/> Group Home Owner or Family Child Care Provider | <input type="checkbox"/> Other: _____                  |

What age groups do you primarily work with? (check all that apply)

- 0 years           
  1 year olds           
  2 year olds           
  3 year olds           
  4 year olds  
 Pre-K           
  5 year olds           
  School-Age children   
  I do not work directly with children

How many children are enrolled in your classroom or home-based program if applicable? \_\_\_\_\_

How many hours per week do you regularly work? \_\_\_\_\_ How many months per year do you regularly work? \_\_\_\_\_

What was your beginning date of employment in your current or most recent workplace? \_\_\_\_\_

### Employer Verification Section

**\*\*\*This portion of the application MUST be completed by your current or most recent Supervisor/Director\*\*\***

Name of Program/Employer: \_\_\_\_\_

Program/Employer Address: \_\_\_\_\_

Street

City

State

Zip Code

County

License # (if applicable): \_\_\_\_\_

Employer's tax status:  Profit  Nonprofit

If your program is licensed, is it NAEYC or NAFCC accredited?  Yes  No

Select all forms of funding your program receives:

DHS Subsidy  Early Head Start  GSRP  Head Start  IDEA  Title 1

I, \_\_\_\_\_ (Supervisor/Director) verify that \_\_\_\_\_ (Applicant Name) is employed with my program or was recently laid off from my program due to COVID-19. I am authorized to make financial decisions on behalf of my program.

#### Choose One:

\_\_\_\_\_ I acknowledge that my program will be asked to:

-contribute 10% of tuition, fees, and books up to a maximum of 6 credits each semester.

-Provide paid release time (up to 3 hours/week) for employees who are regularly scheduled 30 or more hours per week to attend class, complete school assignments, or tend to matters that are impacted by class attendance. I understand that Release Time given will be reimbursed by T.E.A.C.H. each semester at a rate of \$11/hour.

- Award a (select one)

2% Raise

\$375 Bonus

when T.E.A.C.H. notifies me the scholarship candidate has completed 9-18 credits over one contract year. I understand this is in addition to the bonus issued to the scholarship candidate by T.E.A.C.H.

OR

\_\_\_\_\_ My program is unable to Sponsor the scholarship candidate due to the following reason: (select one)

An employment policy is in place that states your program does not participate in tuition assistance or reimbursement

An employment policy is in place that states your program is unable to provide an increase in compensation due to educational attainment

Employees of my program are part of a larger bargaining unit

Employees of programs unable to sponsor due to one or more reasons above may be eligible for a Stipend-based scholarship. **A copy of the policy that validates the conflict or a letter from the program administration such as a school superintendent verifying this conflict MUST BE ATTACHED TO THIS APPLICATION** for applicants to be considered for a stipend-based scholarship.

OR

\_\_\_\_\_ The scholarship candidate is applying for a CDA Assessment or Master's degree scholarship (no program sponsorship required).

OR

\_\_\_\_\_ The scholarship candidate is temporarily or permanently laid off due to COVID-19.

Supervisor/Director Name: \_\_\_\_\_ Supervisor/Director phone: \_\_\_\_\_

Supervisor/Director E-mail: \_\_\_\_\_

Supervisor/Director Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Financial Aid Section (This section is required for CDA Training, Associate Degree, and Bachelor's Degree applicants only)**

I have applied for financial aid by completing an application at fafsa.gov (copy of application confirmation e-mail must be attached to this application)

- Yes  No

I have been awarded the following financial aid:

- PELL grant (amount) \_\_\_\_\_ Date of award: \_\_\_\_\_  
 Student loan (amount) \_\_\_\_\_ Date of award: \_\_\_\_\_  
 Other scholarship or grant (name and amount) \_\_\_\_\_  
Date of award: \_\_\_\_\_

**Income Section (select and complete only one if currently employed)**

- I am an Employee of a child care, group home, or family program, OR a workforce support professional.  
Attach a copy of your most recent paystub AND complete the following information:

Job #1

Employer: \_\_\_\_\_ Hours/week \_\_\_\_\_

Annual Income from Job #1 \_\_\_\_\_

Job #2

Employer: \_\_\_\_\_ Hours/week \_\_\_\_\_

Annual Income from Job #2 \_\_\_\_\_

Total Personal Annual Income: \_\_\_\_\_

Total Household Annual Income: \_\_\_\_\_

- I am a Group Home Owner, Family Child Care Provider, or Center Owner.

Attach a copy of your Schedule C from previous tax year OR complete the following:

**Income:**

1. What is the total amount you charge and collect from families each month? \_\_\_\_\_

2. What is your average monthly DHS subsidy reimbursement? (attach copy of most recent statement)? \_\_\_\_\_

3. What is your average monthly Food Program reimbursement (attach copy of most recent statement)? \_\_\_\_\_

4. **Total monthly revenue** (add lines 1 thru 3) \$ \_\_\_\_\_

**Expenses:**

5. How much do you spend on food that is not reimbursed by the food program each month? \_\_\_\_\_

6. How much do you spend on toys, equipment, crafts, supplies, curriculum each month? \_\_\_\_\_

7. How much do you spend on Teacher salaries, Assistant, or Substitute Care each month? \_\_\_\_\_

8. How much do you spend on training each month? \_\_\_\_\_

9. How much do you spend on transportation each month? \_\_\_\_\_

10. How much do you spend on gifts for children/families each month? \_\_\_\_\_

11. Other expenses? (specify) \_\_\_\_\_

12. **Total monthly expenses** (add lines 5 thru 11) \$ \_\_\_\_\_

Total Revenue \_\_\_\_\_ - Total Expenses \_\_\_\_\_ = \$ \_\_\_\_\_  
Line 4 Line 12 Total Monthly Income

## Applicant Verification Section

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: \_\_\_\_\_

### Application Submission Checklist

#### CDA Assessment and CDA Renewal Applicants:

- I have completed my 120 clock hours of training.
- I have applied for a CDA Assessment or CDA Renewal at [www.cdacouncil.org/yourcda](http://www.cdacouncil.org/yourcda).
- I have attached a copy of the e-mail I received from [info@cdacouncil.org](mailto:info@cdacouncil.org) indicating I am at the point of payment in my CDA application portal.
- I have attached a paystub or proof of income (DHS Statement and/or Food Program Statement) if employed.
- My most recent employer has completed and signed the Employer Verification section of this application.

#### CDA Training OR Associate Degree Scholarship Applicants:

- I have applied for financial aid and attached a copy of my confirmation e-mail from FAFSA.gov.
- I have attached a paystub or proof of income (DHS Statement and/or Food Program Statement) if employed.
- My most recent employer has completed and signed the Employer Verification section of this application.

#### Bachelor Degree Scholarship Applicants:

- I have applied for financial aid and attached a copy of my confirmation e-mail from FAFSA.gov.
- I have attached a paystub or proof of income (DHS Statement and/or Food Program Statement) if employed.
- I have attached my admissions letter to the college or university I will be attending on scholarship.
- I have attached a transfer credit evaluation from the college or university I will be attending on scholarship indicating that I have at least 55 recognized credit hours at the institution.
- My most recent employer has completed and signed the Employer Verification section of this application.

#### Master's Degree Scholarship Applicants:

- I have attached a paystub or proof of income (DHS Statement and/or Food Program Statement).
- I have attached my admissions letter to the university I will be attending on scholarship.
- My most recent employer has completed and signed the Employer Verification section of this application.

## Application Submission

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**Mail to:**

T.E.A.C.H. Early Childhood® Michigan  
Michigan AEYC  
839 Centennial Way, Suite 200  
Lansing, MI 48917

**Fax to:**

517.351.0157

**E-mail to:**

teach@miaeyc.org

Or apply online at [www.miaeyc.org](http://www.miaeyc.org)