

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 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 the “Summary of My CDA Education form” from 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
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 Caregiver Family/Group Child Care Home Owner

a. What is your current job title?

- Teacher Assistant Teacher/Caregiver Non-teaching 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

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.

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

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	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 (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 (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

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)