# TEACH EARLY CHILDHOOD® MICHIGAN

A Program of Michigan Association for the Education of Young Children

**TEACH Early Childhood Michigan®**
**Employer Verification Form**

**This form MUST be completed by your current or most recent Supervisor/Director and uploaded into your online scholarship application.**

Name of Program/Employer: _____

Program/Employer Address: _____

Street      City

State      Zip Code      County

Employer Mailing Address (if different from location): _____

Street      City

State      Zip Code      County

License #: _____  Employer's Tax Status: ☐ Profit  ☐ Nonprofit

If your program is licensed, is it NAEYC or NAFCC accredited? Yes ☐  No ☐  Number of children enrolled: _____

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. I am authorized to make financial decisions on behalf of my program.

Applicant's Hourly Wage: _____  Applicant's Average Hours Per Week: _____

**Choose One:**

_____ I acknowledge that my program will be asked to:
-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 TEACH each semester at a rate of $11/hour.
- Award a (select one)
  ☐ 2% Raise
  ☐ $375 Bonus
when TEACH 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 TEACH

*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, Building Foundations scholarship, or Master's Degree Scholarship (no program sponsorship required).

Supervisor/Director Name: _____  Supervisor/Director phone: _____

Supervisor/Director E-mail: _____

Supervisor/Director Signature: _____  Date _____