



DATE _____

Name:
Address:
City, State, ZIP:
County:
Main Phone: Cell Phone: Work Phone:
SSN:
Email:
Date of Birth:
High school or GED Program attended:
Graduation Year:
Driver's License Number: State Issued:
Work Visa number if applicable:

T.E.A.C.H. Early Childhood® Utah Is NOT responsible for paying non- resident tuition costs. If an applicant does not qualify for resident tuition, the applicant will be responsible for the tuition difference. Your T.E.A.C.H counselor can help you determine if you qualify for resident tuition prices.

Employment Status

What is your current job title?	<input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Lead Teacher <input type="checkbox"/> Non-Teaching Support Staff <input type="checkbox"/> Administrator
What age groups does you teach?	<input type="checkbox"/> Infants (0-12 Months) <input type="checkbox"/> Pre-School <input type="checkbox"/> Toddlers (13-26 Months) <input type="checkbox"/> School Age
How many children are in your classroom?	_____

How Many hours a week do you work? _____

How Many Months per year do you work? _____

Beginning date of employment at current facility? _____

Current hourly wage? _____



How long have you worked in the field of early Childhood?	<input type="checkbox"/> Less than 2 Years	<input type="checkbox"/> 6-10 Years
	<input type="checkbox"/> 2-5 Years	<input type="checkbox"/> 10+ Years

Ethnicity:

Are you of Hispanic, Latino, or Spanish origin?

- | | |
|------------------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, Puerto Rican |
| <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano | <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> Other Hispanic, Latino or Spanish | |

Do you consider yourself...?

- | | |
|------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Black, African-American | <input type="checkbox"/> Korean |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Asian Indian/Middle Eastern | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Polynesian | <input type="checkbox"/> Other Race _____ |

How did You Hear about the T.E.A.C.H. Early Childhood® Utah Scholarship?

- | | | |
|-------------------------------------------------|-----------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Presentation | <input type="checkbox"/> Center Director | |
| <input type="checkbox"/> Mailing | <input type="checkbox"/> T.E.A.C.H. Recipient | |
| <input type="checkbox"/> Early Childhood Agency | <input type="checkbox"/> Workshop | |
| <input type="checkbox"/> College | <input type="checkbox"/> Website | <input type="checkbox"/> Other _____ |

Please select the one that best describes your educational history:

- | | | |
|---------------------------------------------------|---------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> No High School Diploma | <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Masters |
| <input type="checkbox"/> High School Graduate/GED | <input type="checkbox"/> {Major: _____} | <input type="checkbox"/> {Major: _____} |
| <input type="checkbox"/> 1 Year Certificate | <input type="checkbox"/> Bachelor Degree {Major: _____} | |



Statement of Income

Job #1 Employer _____

Hours/Week _____ **Earnings** _____ **per** _____

Job #2 Employer _____

Hours/Week _____ **Earnings** _____ **per** _____

Have you applied for any other financial aid?(Please submit proof of Free Application for Federal Student Aid if applicable)

YES **NO**

Source of Financial Aid #1 _____

Date of Application _____

Application Status: **Awarded** **Denied** **Pending**

Source of Financial Aid #2 _____

Date of Application _____

Application Status: **Awarded** **Denied** **Pending**

Your total income \$ _____

Your Total Family Income \$ _____ *(You do not need to provide a paystub for anyone other than yourself)*

Please attach a paystub no older than 30 days to this page of the application

In the absence of a paystub your director/owner may write a note on company letterhead certifying your income.



Statement and Signature of Applicant

I attest to the fact that the information I have provided is true and accurate. Based on this information I am applying to the Utah Association for the Education of Young Children for a scholarship to help pay a percentage the costs of educational expenses. I understand that I am responsible for:

Presenting proof of employment and income verification

Attending and completing coursework in early childhood (birth to age 8) education

Providing receipts for educational costs

Reporting other sources of financial aid

Paying 10% of tuition and books

Communicating regularly with my T.E.A.C.H. counselor

Completing one FULL year of employment with the sponsoring Child Care program following the end of the educational contract period

I _____ understand that I by signing this document I agree to comply with the above statement.

Signature of Applicant _____

_____ ***Date***



Center Participation Agreement

*(Must be filled out by director, owner or financially responsible party) **Required***

Center Name _____

Center Address _____

County _____

Primary Contact _____

Primary Contact Phone _____

Type of Facility _____

License number or Exempt _____

Is director also owner YES

No

If no: Who is the financially responsible party? _____

Please select any funding your center receives:

Head Start Early Head Start State Head Start State Pre-K

Title I IDEA State Subsidies: Contracts Vouchers

In the event that _____ **is awarded a scholarship,**

(print applicants name)

I, the Owner/Financially Responsible Party of,

(print director/owner name) (center name)

understand and agree to the following conditions Child Care Center Agrees To:

Pay 10% of the cost of tuition for 9-12 credits during the contract period.

Pay recipient for an average of 3 hours of release time per week.

Provide a compensation benefit following the successful completion of 9-12 credit hours, or when notified by T.E.A.C.H. (see below)

Inform TEACH within 30 days of any changes in employee's status or income.

Please initial the compensation benefit you will provide the scholarship recipient upon the successful completion of the educational contract.

_____ Award a 2-4% wage increase. (This should be above and beyond any other annual raise)

_____ Award a \$300 bonus.

_____ **Printed Name of Owner/Chairperson**



Signature of Owner/Chairperson

I, the undersigned, do hereby authorize the exchange of information regarding my financial status and/or that of my family's, in order that I may be considered for financial assistance from T.E.A.C.H.® UTAH; I further authorize the release of information pertaining to my scholastic achievement, if required, to determine my continued eligibility. By signing below, I also acknowledge that I may be required to complete a release form and/or other documentation required by Utah's higher education institutions in order to ensure the right to exchange information with T.E.A.C.H.® UTAH. Check all that apply:

T.E.A.C.H. Early Childhood® Utah and...

Salt Lake Community College

By signing below, I permit the following information to be shared with

T.E.A.C.H. Early Childhood® UTAH:

Student Number

Acuplacer Scores

Grades

Transcripts

Residency Status

Outstanding financial obligations

Status of current financial aid award

Student Name Printed

Signature

Date



UAEYC Representative

Signature

Date

Student ID number _____

Application Checklist

- Application Filled out Completely (No Blanks)**
- Statement of Income and attached paystub**
- Center Participation Agreement Signed and included**
- Release/Sharing of information**

Mail Completed Application to:

UAEYC

PO Box 25836

Salt Lake City UTAH

84125

If you have any additional questions, please call: 801 957 3707 or email TEACH@uaeyc.org

Availability of Scholarships is based entirely on continued funding. UAEYC does not guarantee scholarship will be awarded for the selected term. You will be made aware if you are placed on a waitlist.