



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 the resident tuition rate.

Employment Status

| | |
|---|--|
| What is your current job title? | <input type="checkbox"/> Director <input type="checkbox"/> Director/Owner <input type="checkbox"/> Assistant Director <input type="checkbox"/> Non-Teaching Support Staff <input type="checkbox"/> Administrator |
| What age groups does your center serve? | <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 do you care for? | Licensed _____ Currently Enrolled _____ |

How many hours a week do you work? _____

How many Months per year do you work? _____

Beginning date of employment at current facility? _____

Are you employed hourly or on salary? Hourly Salary

Current wage or annual individual income _____



| | | |
|---|--|-------------------------------------|
| 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 Director Scholarship?

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Presentation | <input type="checkbox"/> Center Owner or Other Staff | |
| <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 | {Major: _____} | {Major: _____} |
| <input type="checkbox"/> 1 Year Certificate | <input type="checkbox"/> Bachelor Degree {Major: _____} | |

Please select the one that best describes your educational goals:



Associate degree scholarship application for directors of childcare centers

- Take a few classes to obtain or upgrade job related skills
- Earn an Early Childhood (Family and Human Studies) Associate Degree
- Earn an Associate Degree and transfer to a four-year college or university to earn a Bachelor's Degree

**Are you currently enrolled at a
community college?**

 YES No

When would you like your scholarship to begin? Circle one

Fall Spring Summer _____ [year]

Which College would you like to attend?



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 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 of the approved educational costs. 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

Reporting any changes in employment status (facility, hours, age group, and/or wage)

Paying 10% of Tuition and Books

Paying any non-resident tuition charges

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

Signature of Applicant _____

_____ **Date**



Center Participation Agreement

(Must be filled out by owner or financially responsible party) Required for Application to TEACH

Center Name _____

Center Address _____

County _____

Primary Contact _____ **Primary Contact Phone** _____

Type of Facility _____ **License number or Exempt** _____

Is the director applying for scholarship also the owner? **YES** **No**

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**
- 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.**

_____ **Signature of Owner/Chairperson**

_____ **Date**



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.