



T.E.A.C.H. Early Childhood® MISSISSIPPI
Associate Degree Scholarship Application for
Child Care Center Directors

GENERAL INFORMATION:

Social Security Number: _____ - _____ - _____ Date: _____

Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: Home: () _____ Cell: () _____ Work: () _____

Email Address: _____

Date of Birth (mm/dd/yyyy): _____ / _____ / _____ Gender: ☐ Female ☐ Male

FAMILY STRUCTURE:

Including yourself, how many family members live in your household: _____

Family Type: ☐ Single, no children ☐ Married, no children
☐ Single parent ☐ Married parent

EMPLOYMENT STATUS:

What is your current job title?

☐ Teacher ☐ Administrator ☐ Non-Teaching Professional Staff
☐ Assistant Teacher ☐ Family Based Professional ☐ Non-Teaching Support Staff

What age groups do you teach? (Please check all that apply)

☐ Infants (0-12 months) ☐ Preschool (37 Months-Pre-K)
☐ Toddlers (13-36 Months) ☐ School Age

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

☐ Less than 2 Years ☐ 6-10 Years
☐ 2-5 Years ☐ 10+ Years

How many children are in your classroom or child care home? _____

How many hours per week do you work? _____

How many months per year do you work? _____

Beginning date of employment at your current facility? _____

What is your current hourly wage? _____



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ETHNICITY:

Are you of Hispanic, Latino or Spanish origin?

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

Do you consider yourself...?

- | | | |
|---|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Asian: _____ |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Korean | |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other Pacific Islanders: _____ |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino | |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other Race: _____ |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Samoan | |

How did you hear about the T.E.A.C.H. Early Childhood® Project?

- | | | |
|---|---|--|
| <input type="checkbox"/> Presentation | <input type="checkbox"/> College | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Mailing | <input type="checkbox"/> My Center Director | <input type="checkbox"/> Website |
| <input type="checkbox"/> CCR & R Agency | <input type="checkbox"/> T.E.A.C.H. Recipient | <input type="checkbox"/> Other (please specify): _____ |

Please check the box 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 diploma/GED | Major: _____ | Major: _____ |
| <input type="checkbox"/> 1-year certificate | <input type="checkbox"/> Bachelor Degree | <input type="checkbox"/> Doctorate |
| | Major: _____ | Major: _____ |

Please check one that best describes your educational goals:

- ☐ Earn an Early Childhood or School-Age Credential
- ☐ Take a few Early Childhood courses to obtain or upgrade job-related skills
- ☐ Take Early Childhood courses to complete credit hours for a CDA Credential
- ☐ Earn an Early Childhood, Infant/Toddler or School-Age Certificate
- ☐ Earn an Early Childhood Associate Degree
- ☐ Earn an Early Childhood Associate Degree and transfer to a four-year college/university to earn a Bachelor's Degree

Are you currently enrolled at a community college?

☐ Yes ☐ No

If yes, what is your major?

When would you like your scholarship to begin? (circle one)

FALL

SPRING

SUMMER

_____ (year)

Which community college would you like to attend?



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What are your professional goals in Early Childhood Education? Describe how a degree will help you achieve these goals. Be sure to include your long term career goals.

Is there anything else about yourself that you would like us to consider while reviewing your application?

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 (such as Pell Grants, other scholarships or student loans?)

☐ 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 (your spouse included) \$ _____

Statement and Signature of Applicant

I attest to the fact that the information that I have provided is true and accurate. Based on this information I am applying to T.E.A.C.H. Early Childhood® MISSISSIPPI for a scholarship to help pay the cost of educational expenses.

Signature of Applicant

Date

PLEASE ATTACH A COPY OF YOUR MOST RECENT PAY STUB HERE



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Center Owner/Family Child Care Provider Monthly Income Worksheet

Instructions: This sheet is to help you determine your monthly earnings from your child care center/family child care home. For each question, use the amount you made or spent last month. Special instructions are in italics.

Remember, you must include income verification such as copies of receipts for each of the children you take care of or a statement detailing your weekly rate and number of children you care for.

1. What is the total amount paid to you by parents each week? _____
2. Total monthly parent fees—weekly fees x 4.33 (weeks per month) _____
3. How much was your Child & Adult Care Food Program Reimbursement? (*Attach copy of check stub*) _____
4. How much was your Mississippi Department of Human Services or Mississippi Child Care Payment Program subsidy for children in your care? (*Attach copy of check stub*) _____
5. **Total monthly revenue (add lines 2, 3, and 4)** _____

How much did you spend for children in your child care center/family child care home last month on:

6. Food _____
7. Toys _____
8. Assistant/Substitute Care _____
9. Crafts/Supplies _____
10. Transportation (\$0.25/mile) _____
11. Training Fees _____
12. Gifts for Children/Families _____
13. Other (Specify): _____
14. **Total monthly expenses (add lines 6-13)** _____

Revenue (line 5)

—
minus

Expenses (line 14)

=
equals

Monthly Earnings



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Center Participation Agreement

(This agreement must be completed by the center chairperson/owner in order to process application)

The Child Care Associate Degree Scholarship Program offered through T.E.A.C.H. Early Childhood® MISSISSIPPI requires the participation of each scholarship recipient's employing child care center.

In the event that _____ (insert applicant's name) is awarded a scholarship, I understand that the center/home agrees to participate in one of the following ways.

_____ **Model One-AD1 (Director is an employee of the center)**

1. Pay 10% of the cost of tuition for courses totaling 9-15 credit hours at a local community college for the scholarship employee.
2. At the end of the contract, upon completion of 9-15 credit hours, issue a \$350 bonus to the scholarship employee.

_____ **Model Two-AD2 (Director is also owner of the center)**

1. Pay 20% of the cost of tuition and 10% of the cost of books for courses totaling 9-15 credit hours at a local community college for the scholarship employee.

Mississippi State Dept. of Health License #: _____ County: _____

Center/Home Name: _____

Director's Name: _____ Email: _____

Location Address:

zip _____

Phone (_____) _____

Fax (_____) _____

Mailing Address:

zip _____

Please print name of director or chairperson/owner: _____

Signature of director or chairperson/owner: _____

Date: _____

PLEASE ATTACH A COPY OF YOUR CURRENT DHR LICENSE HERE



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To be completed by Center Director or Chairperson/Owner:

FOR ALL PROGRAMS:

Type: ☐ Center ☐ Family Home ☐ Family Group Home

Center Auspices: ☐ Profit ☐ Nonprofit ☐ Head Start
☐ Religious/Church ☐ Public School

Number of children licensed/registered to care for: _____ **Number currently enrolled:** _____

Is your center accredited? ☐ Yes ☐ No

If yes, by whom? _____

Please check all forms of funding your facility receives:

- | | |
|---|---|
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Title I |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> IDEA |
| <input type="checkbox"/> State Head Start | <input type="checkbox"/> State Subsidies: Contracts |
| <input type="checkbox"/> State Pre-K | <input type="checkbox"/> State Subsidies: Vouchers |

FOR HEAD START OR MULTI-SITE PROGRAMS:

Is this child care program owned or managed by another organization? ☐ Yes ☐ No

If yes, give the parent company name/address:

Parent Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Return this application by mail or fax with income verification and MSDH license to:

T.E.A.C.H. Early Childhood® MISSISSIPPI
P.O. Box 1012
Jackson, MS 39215
FAX: 601-359-4480

If you have any questions, please call 601-359-4614 or toll-free 855-359-9324.

TEACHMississippi@gmail.com