



**T.E.A.C.H. Early Childhood® MISSISSIPPI**  
**Bachelor Degree Scholarship Application for**  
**Child Care Center/Preschool Teachers**

**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? \_\_\_\_\_



## T.E.A.C.H. Early Childhood® MISSISSIPPI Bachelor Degree Scholarship Application for Child Care Center/Preschool Teachers

### **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"/> Other Pacific Islanders: _____ |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other Race: _____              |
| <input type="checkbox"/> Asian Indian                     | <input type="checkbox"/> Filipino              |   |
| <input type="checkbox"/> Japanese                         | <input type="checkbox"/> Vietnamese            |   |
| <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 a Bachelor's Degree in Early Childhood Education
- ☐ Earn a Bachelor's Degree in Human Development and Family Studies/Child Development
- ☐ Earn a P-3 Certification

**Are you currently enrolled in an Early Childhood Degree program at a university in Mississippi?**

- ☐ Yes    ☐ No

**If yes, what is your major?**

- ☐ Early Childhood Education
- ☐ Human Development and Family Studies/Child Development
- ☐ P-3 Certification
- ☐ Other (Please Specify Major): \_\_\_\_\_



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**How far have you progressed toward your degree?** Please submit your college transcripts with this application.

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

FALL

SPRING

SUMMER

\_\_\_\_\_ (year)

**Which university 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.**

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

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**Participation Agreement**

I am aware that I am required to pay a portion (10-20%) of the cost of tuition and books for courses leading to a Bachelor's Degree. I am also willing to continue to work at my sponsoring program for one year after completing 9-15 credit hours in one contract year.

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(signature of applicant)

**PLEASE ATTACH A COPY OF YOUR COLLEGE TRANSCRIPTS HERE**



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**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**



## T.E.A.C.H. Early Childhood® MISSISSIPPI Bachelor Degree Scholarship Application for Child Care Center/Preschool Teachers

### Center Participation Agreement

**(This agreement must be completed by the sponsoring program's chairperson/owner in order to process application)**

The Child Care Center/Preschool Teacher Bachelor Degree Scholarship Program offered through T.E.A.C.H. Early Childhood® MISSISSIPPI requires the participation of each scholarship recipient's employing program.

In the event that \_\_\_\_\_ (insert applicant's name) is awarded a scholarship, I understand that the sponsoring program agrees to participate in one of the following ways. (Please check either option 1 or 2 to indicate which option you prefer).

#### \_\_\_\_\_ Option #1-Raise Option

1. Pay 10% of the cost of tuition for courses totaling 9-15 credit hours at an approved college or university for the scholarship employee.
2. Provide 3 hours of paid release time each week for my scholarship employee. Release time will be provided when the college or university is in session.
3. At the end of the contract, upon completion of 9-15 credit hours, issue a 2% raise.

#### \_\_\_\_\_ Option #2-Bonus Option

1. Pay 10% of the cost of tuition for courses totaling 9-15 credit hours at an approved college or university for the scholarship employee.
2. Provide 3 hours of paid release time each week for my scholarship employee. Release time will be provided when the college or university is in session.
3. At the end of the contract, upon completion of 9-15 credit hours, award a \$350 bonus.

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 MSDH LICENSE HERE**



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**To be completed by Sponsoring Program's 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](mailto:TEACHMississippi@gmail.com)