

T.E.A.C.H. Early Childhood[®] Scholarship Program

Credential Renewal Scholarship Application

Check all that apply: Staff Credential Renewal (Formerly CDA Equivalency)
 National CDA Credential Renewal
 Director Credential Renewal

Legal Name _____ Female
 Male
First Name Initial Last Name Maiden Name and/or Previous Last Name

Home Mailing Address _____ Apt # _____

City/State _____ Zip+4 _____ County _____

Phone (H) () _____ (Cell) () _____ (W) () _____

Social Security Number _____ Birthdate _____

Email _____ Check here if applicant is **NOT** a Florida resident

Ethnicity: Black White Hispanic Native American Asian Pacific Islander Other

Employment Status

What is your job title? _____ Check here if applicant is also center owner

Do you teach in one of these classrooms? VPK Head Start N/A

Date of employment at current workplace? (month/day/year) _____

What age group(s) do you teach? _____ Check here if before or after school program

For FCCH providers only, how many weeks each year is your home open (There are 52 weeks in a year)? _____

How many hours per day is your home open? _____ How many days a week is your home open? _____

Family Structure

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

Check one: Married, no children Married parent or grandparent with (number) _____ minor children or grandchildren in the home
 Married, no minor children Single parent or grandparent with (number) _____ minor children or grandchildren in the home
 Single, no children
 Single, no minor children

Educational History

Name of Last High School Attended and City/State	Dates Attended	High School Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No	G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No

Technical School Community College University	Dates Attended	Major(s)	Credit Hours Earned	Type of Degree Earned

For T.E.A.C.H. use only
QUAL APP _____ Authorized _____

- If you have a T.E.A.C.H. scholarship for the AS degree, child care courses taken under that scholarship will qualify for the renewal and you will not need additional coursework. One class may satisfy all three renewals.
- Director Credential renewal courses must be taken for 3 college credit or 4.5 CEUs.

Are you *currently* attending a community college working toward an AS degree in Early Childhood Education? Yes No If yes, name of school _____

Which school *did* you or *would* you like to attend for classes covered by this scholarship? We *cannot issue contracts* without knowing which Florida school you are attending or will be attending and which session you are attending or will be attending. Call T.E.A.C.H. at (877) 358-3224 to check if your online course can be covered by a T.E.A.C.H. scholarship. List one Florida school only.

School: _____ Campus: _____ Check if online

When *did* you begin class or when *would you like* to begin? (List one only) currently enrolled seeking reimbursement

Spring (Jan-April) Summer A (May-June) Summer B (June-July) Before July 1 After June 30 Fall (Aug-Dec) I'll start if and when I am awarded a scholarship

Actual date class began/will **begin** (if known): _____ What year? _____

How did you find out about the T.E.A.C.H. Early Childhood® Scholarship Program?

Presentation Mailing R&R Agency College/School Center T.E.A.C.H. recipient Other

~~~COMPLETE ALL THAT APPLY~~~ ~~ DO NOT LEAVE ANY PART BLANK! ~~	Staff Credential Training (Formerly CDAE)	National CDA Credential	Director Credential
Date your <u>original</u> credential/certificate was awarded			
Date of your last renewal			
Date your credential/certificate is due to expire (If National expired, you will need a waiver- 800/424-4310)			
Renewal Fee (send no money unless you are billed)	No Fee	\$50.00	No Fee

### PROGRAM INFORMATION

Legal Name of Facility: _____

Check appropriate box:  Individual/sole proprietor  Corporation  Partnership  Other _____

P.O. Box/Mailing Address: _____

City/State/Zip: _____, FL _____ County: _____

Phone # ( ) _____ Fax # ( ) _____

License/Registration # _____ AND Federal ID / Taxpayer ID # _____  
 Check if license-exempt

Signed by Director or Owner _____ Print name _____

Does your center offer Voluntary Pre-K?  Yes  No

Center Auspices (check **all** that apply):  Profit  Nonprofit  Head Start  Public  Faith-based

Is your center NAEYC accredited?  Yes  No Other accreditation _____

Number of children licensed for _____ Number of children enrolled _____



# RENEWAL SPONSOR / PARTICIPATION AGREEMENT

Staff Credential (Formerly CDAE)

National CDA Credential Certificate

Director Credential

(Supervisor must choose ONE Renewal Option Only)

**OPTION I – For Center-based applicants only**

**Applicant agrees to:**

- Pay 15% of the cost of tuition, books and **renewal** fee (if applicable) (Send no money to T.E.A.C.H.)
- Commit to working in the childcare field in Florida for 6 months after receiving the renewal

**Center agrees to:**

- No commitment

**OPTION II – For Center-based and FCCH applicants**

**Applicant agrees to:**

- Commit to employment at the sponsoring center or FCCH for 9 months after receiving the renewal

**Center/FCCH agrees to:**

- Pay 15% of the cost of tuition and **renewal** fee (if applicable)
- Give 3 hours paid release time to employees working 30+ hrs/week

**OPTION III – For Center-based applicants only**

**Applicant agrees to:**

- Pay 7.5% of the cost of tuition, books and **renewal** fee (if applicable)
- Commit to employment at the sponsoring center for 6 months after receiving the renewal

**Center agrees to:**

- Pay 7.5% of the cost of tuition and **renewal** fee (if applicable)
- Give 3 hours paid release time to employees working 30+ hrs/week

## TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR OR FACILITY OWNER

I affirm that this applicant's date of hire is _____. By signing this document I agree to the terms stated above and affirm that this applicant 1) works/volunteers _____ hours per week and 2) is paid/volunteers for _____ weeks per year (there are 52 weeks in a year) 3) at a rate of \$_____ per hour. 4) Applicant works _____ hours per week in the classroom and/or in a before or after school program. If employee is salaried, yearly salary is \$_____. For seasonal employees, applicant works _____ (name of month) through _____ (name of month).

Applicant receives free or reduced childcare of \$_____ per month (check one below if applicable):

- Free or reduced childcare is in addition to the hourly rate
- Free or reduced childcare is included in the hourly rate

I agree that the center/FCCH will be responsible for paying a portion of tuition and renewal fees, if applicable, as outlined in Options II or III above even if the employee breaks the contract.

_____  
(Print Name of Applicant's Supervisor or Center Owner)

_____  
(E-mail Address)

_____  
(Signature of Applicant's Supervisor or Center Owner)

_____  
(Title)

_____  
(Date)



T.E.A.C.H. Early Childhood® Scholarship Program  
Children's Forum

2807 Remington Green Circle / Tallahassee, FL 32308

(850) 487-6302 or Toll Free (877) FL-TEACH

[www.thechildrensforum.com/teach.php](http://www.thechildrensforum.com/teach.php)

**DO NOT FAX!!!**



TEACH Renewal blue rev 5/09  
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Sponsored by Children's Forum and the State of Florida, Agency for Workforce Innovation.

**Family Child Care Home Provider Only  
INCOME / PAYMENT WORKSHEET  
Return with FCCH T.E.A.C.H. Application**

_____  
Name of FCCH Provider

_____  
License/Registration number

Age of Child	FIRST NAME OF EACH CHILD (List all children in your care including your own)	FOR EACH CHILD: Amount paid to you <i>WEEKLY</i> BY PARENTS (Do NOT include subsidy or VPK reimbursement)	FOR EACH CHILD: CHILD CARE SUBSIDY paid to you <i>MONTHLY</i> by subsidizing agency	FOR EACH CHILD: VPK REIMBURSEMENT paid to you <i>MONTHLY</i> by the local coalition
		\$	\$	\$
		\$	\$	\$

(Record on Line 1 of page 3)

(Record on Line 4 of page 3)

(Record on line 5 of page 3)

**Return with FCCH T.E.A.C.H. scholarship application to:  
2807 Remington Green Circle •Tallahassee, FL 32308**

**Family Child Care Home Provider Only**  
**MONTHLY BUSINESS OPERATING EXPENSE WORKSHEET**  
**Return with FCCH T.E.A.C.H. Application**

A Monthly Income Statement appears on page 3 of the Family Child Care Home Provider portion of the scholarship application form. The formulas and information below may help you determine some of your monthly expenses.

**7b. Operating costs (Do not include food, auto or any other non-housing expenses)**

**Monthly Operating Expenses for whole house:**

Mortgage or rent including property taxes and homeowners insurance (Military personnel living on base should enter the amount deducted monthly from paychecks to cover housing expense) <input type="checkbox"/> Check here if on-base military....	\$ _____
Electricity and/or Gas.....	_____
Water and Garbage ( <b>per month</b> ) (Divide quarterly bill by 3 to get monthly).....	_____
Basic telephone (no long distance). If business has a separate telephone, list it under 7h on <b>page 3</b> of application..	_____
Internet access.....	_____
Other (specify – Exterminator?) _____	..... _____
Other (specify – lawn maintenance?) _____	..... _____
<b>Total Monthly Operating Expenses for whole house</b> .....	\$ _____
Multiply by 35%, <b>approximate</b> amount charged to business.....	_____ x .35
<b><u>Total Monthly Business Operating Expenses (line 7b- Page 3)</u></b> .....	\$ <u>_____</u>

**7e. Transportation**

**If the business owns a vehicle**, the cost of gas, insurance, maintenance, depreciation and other expenses attributable to the vehicle may be charged to the business. This means you may **NOT charge 55¢ per mile for travel. Check with your CPA for monthly cost of business-owned vehicles.**

You may **ONLY charge mileage** when you use a **personal vehicle for business**. It is important that you keep a running record of business use which includes starting mileage, ending mileage, total miles driven for each trip and the **purpose** of each business trip (getting groceries or supplies for the business, field trips, transportation to and from school for afterschoolers, transportation to classes, business-related meetings, etc. **Check with your accountant for a list of what is considered business expense**). You will need this log when preparing your Federal Income Tax Return. The 55¢ per mile deduction is good for 2009 taxes. The deduction will change for 2010.

**7f. Tuition / training fees**

When computing monthly cost of tuition, remember that if you receive a scholarship you will only be paying **20% of the cost** of your Credential, Renewal or AS degree classes. Multiply yearly total cost of tuition and books by .20 (20%) then divide by 12 months to arrive at a monthly cost.

**7g. Insurance**

About 35% of the cost of your homeowner’s insurance policy can be charged to your business (**already charged in 7b above**). If you have liability insurance for your **business only**, 100% of the cost can be charged to your business. (Don’t forget to divide yearly total by 12 to get a monthly cost.)