

T.E.A.C.H. Early Childhood® Scholarship Program
Bachelor Degree Scholarship Application
Childcare providers working in Duval County
(Applicant must already have a two-year degree in order to qualify)

Name _____ Social Security # _____

Home Mailing Address _____

City/State _____ Zip _____ County _____

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

Birthdate _____ E-mail Address _____

Employment Status

What is your job title? _____ Check here if applicant is also center/FCCH 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 per year is your home open (There are 52 weeks in a year)? _____

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

Family Structure

a. Including yourself, how many people live in your household? _____

- b. Check one: Married, no children Married parent or grandparent with _____ minor children or grandchildren in the home
 Single, no children Single parent or grandparent with _____ minor children or grandchildren in the home

Race _____ No Response

Educational Background

Community College College/University	Dates Attended	Major(s)	Credit Hours Earned	Degree Earned

Are you currently enrolled in a Bachelor Program with an emphasis in early childhood education or child development? Yes No

When will you or when did you begin classes for the BAS degree? _____

Which University are you or will you be attending? (Choose one) FCCJ UNF

For T.E.A.C.H. use only QUAL APP _____ Authorized _____
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Center Child Care Provider STATEMENT OF INCOME

Instructions: For income and employment verification from your job, your supervisor must complete and sign the verification of income section on page 4 of this application. **Do not send pay stubs.**

A. **Your earnings at sponsoring**
Center/FCCH \$ _____ per _____

Employer (Center/FCCH) _____

Number of hours you work per week..... _____

Number of weeks you work per year..... _____
(There are 52 weeks in a year)

B. Your YEARLY EARNINGS
from employment (before taxes)..... \$ _____

C. If your child attends your program for free or at a reduced tuition rate, include the cost of that tuition as income if it is **not already included in your hourly rate above** (\$ _____ /month x 12). + _____

D. **YEARLY GROSS INCOME**\$ _____

E. Are you a student? No Yes
If yes, answer 1-3.

1. Pell / Grant #1.....\$ _____
2. Scholarship / Grant #2.....\$ _____
3. Scholarship / Grant #3 \$ _____



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

Family Child Care Home Owner STATEMENT OF INCOME

Instructions: This sheet will help you determine your monthly earnings from your family child care home. For income, base your answers on **last month's** receipts. (Use the enclosed *Payment Worksheet* or submit a list of the children, amount paid by parents, amount of subsidy and / or VPK reimbursement.) For expenses, use an **average** month. **USE PENCIL. USE PENCIL. USE PENCIL.**

1. What is the total amount paid to you **by parents each week?** \$ _____
(Multiply line 1 by 4.33 weeks per month) x 4.33

2. **Total Monthly Parent Payments** \$ _____

3. Amount of your USDA Food Program Reimbursement _____

4. Amount of your Child Care Subsidy _____

5. Amount of VPK Reimbursement _____

6. **Total Monthly Income**
(Add lines 2, 3, 4 and 5) \$ _____

7. In an **average month**, how much do you spend for children in your child care home on:

a. Food (meals, snacks, formula) \$ _____
 Check if parents supply any food

b. Operating Costs (utilities, mortgage, rent, etc. allowable as business expense by IRS is about 35% of **total** household expenses) See page 5 of application. _____

c. Assistant or Substitute _____

d. Crafts / Supplies / Toys / Gifts _____

e. Transportation (55¢ per mile for 2009) _____

f. Training Fees (1/12th of yearly x 20%) _____

g. Business Insurance (1/12th of yearly) _____

h. Cell or separate **business** phone _____

i. Other (specify _____) _____

8. **Total Monthly Expenses**
(Add lines 7a through 7i) \$ _____

\$ _____ - _____ = \$ _____
Income Expenses
Line 6 minus Line 8 **Monthly Profit / (Loss)**

SPONSOR AGREEMENT

The Bachelor of Applied Science Degree Scholarship offered through the Children's Forum T.E.A.C.H. Early Childhood® Scholarship Program requires the participation of each scholarship recipient's employer. In the event this applicant is awarded the BAS Degree scholarship, this center agrees to participate as indicated below. Check appropriate box and select option A or B where appropriate.

Applicant is CENTER TEACHER (center employee but not owner)

1. The center will pay 10% of the cost of the scholarship recipient's tuition for courses totaling 9-18 credit hours per year toward the Bachelor Degree in early childhood education/child development. **AND**
 2. The center will provide three hours per week of paid release time when the college is in session regardless of the number of courses taken. **AND**
 3. At the end of the contract year, upon completion of 9-18 credit hours, the center will **(Check one of the following options.)**
 A. award a \$300 bonus paid in two installments **OR** **B.** award a 2% raise.
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Applicant is CENTER DIRECTOR (center employee but not owner)

1. The center will pay 10% of the cost of the scholarship recipient's tuition for courses totaling 9-18 credit hours toward the Bachelor Degree in early childhood education/child development. **AND**
 2. At the end of the contract year, upon completion of 9-18 credit hours, the center will **(Check one of the following options.)**
 A. award a \$300 bonus paid in two installments **OR** **B.** award a 2% raise.
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Applicant is CENTER OWNER OR FAMILY CHILDCARE PROVIDER

The applicant will pay 20% of the cost of the tuition for courses totaling 9-18 semester hours toward a Bachelor Degree in early childhood education/child development.

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

(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



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 _____

APPLICANT AFFIRMATION – READ VERY CAREFULLY BEFORE SIGNING

I understand that as an employee of the center I will be responsible for 10% of the cost of tuition and books or as a center owner or family childcare provider, I will be responsible for 20% of the cost of tuition and books. **Upon completion of one contract year, I agree to continue working at my sponsoring center for one year and commit to working an additional year in the childcare field.** I attest to the fact that the information I have provided is true and accurate. Based on this information, I am applying to the Children's Forum for a scholarship to help pay the cost of educational expenses. I understand that my benefits may be reduced if I am receiving other financial or scholarship assistance. **I understand that if my application is incomplete or incorrect, it will be returned to me.** I have made a copy of this application for my own records. I am a Florida resident.

(Signature of Applicant)

(Date)

BACHELOR APPLICANT ESSAY & TRANSCRIPT REQUIREMENT

1. On a separate piece of paper, please tell us what your professional goals in early childhood education are and describe how a Bachelor Degree in early childhood education or child development will help you achieve these goals. Include your long-term career goals.

Your essay must be between 200 and 500 words typed or neatly handwritten.



2. Include an unofficial transcript when you return your completed application to our office.

**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 (per month) (Divide quarterly bill by 3 to get monthly).....	_____
Basic telephone (no long distance). If business has a separate telephone, list it under 7h on page 3 of application..	_____
Internet access.....	_____
Other (specify – Exterminator?) _____	_____
Other (specify – lawn maintenance?) _____	_____
Total Monthly Operating Expenses for whole house	\$ _____
Multiply by 35%, approximate amount charged to business.....	_____ x .35
Total Monthly Business Operating Expenses (line 7b- Page 3)	\$ _____

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.)