





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

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

**Please check the box that best describes your educational history:**

- No high school diploma                       High school diploma/GED
- 1-year certificate                                       Associate Degree (Major: \_\_\_\_\_)
- Bachelor Degree (Major: \_\_\_\_\_)
- Master's Degree (Major: \_\_\_\_\_)
- Doctorate

**Please check the box that best describes your educational goals:**

- Earn an Apprenticeship Certificate as a Child Care Development Specialist
- Earn an Early Childhood or School-Age Credential
- Take a few early childhood courses to obtain or upgrade job-related skills
- 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

**2. Employment Status**

**Start Date of Employment at current program:** \_\_\_\_\_

**What is your current job title?**

- Teacher    Assistant Teacher    Administrator\*    Family-Based Professional\*
- Non-Teaching Professional Staff\*    Non-Teaching Support Staff\*

\*Administrator: center directors, assistant directors, and other administrative staff

\*Family-Based Professional: home care operator/provider

\*Non-Teaching Professional Staff: an example of this position would be a curriculum specialist

\*Non-Teaching Support Staff: examples of this position would be kitchen or custodial staff

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

- Infants (0-12 Months)    Toddler (13-36 Months)
- Preschool (37 Months – PreK)    School Age

*The funds for this scholarship are made possible by the Office of Early Learning & Development.*

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What is your current hourly wage: \_\_\_\_\_

How many hours per week \_\_\_\_ (0-60) and months per year \_\_\_\_ (0-12) do you work?

Average number of children in your classroom daily \_\_\_\_\_

### 3. Professional Registry

Your Membership Number with The Nevada Registry: \_\_\_\_\_

If you do not remember your member number, contact The Nevada Registry at:  
**1.800.259.1906**

If you are not a member of The Nevada Registry, use this link for instructions to become a member:

<http://www.nevadaregistry.org/career-development/apply-or-renew.html>

### 4. Statement of Income

Job #1 Employer: \_\_\_\_\_

Hours/Week: \_\_\_\_\_ Earnings: \_\_\_\_\_ per \_\_\_\_\_

Job #2 Employer: \_\_\_\_\_

Hours/Week: \_\_\_\_\_ Earnings: \_\_\_\_\_ per \_\_\_\_\_

Please attach your paystub

Have you applied for any other financial aid\* (such as Pell Grants, Smart Start Grants or student loans)?

\_\_\_\_\_ YES \_\_\_\_\_ NO

\*It is a requirement that all college scholarship applicants apply for financial aid:  
[www.fafsa.ed.gov](http://www.fafsa.ed.gov). Proof of such must accompany this application. The form is known as the "FAFSA on the web submission confirmation."

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 FAMILY INCOME (spouse included) \$ \_\_\_\_\_**

## 5. Center Participation Agreement

This agreement must be completed by the center director for teachers, and the center or board chairperson for directors.

The T.E.A.C.H. Early Childhood® Nevada Associate Practicum Scholarship Model requires the participation of the applicant's employing early learning program.

In the event that (applicant name) \_\_\_\_\_ is awarded a scholarship, I understand that (center name) \_\_\_\_\_ agrees to participate in the following ways:

- Provide 10% of the cost of practicum tuition and fees
- Allow the scholarship recipient the necessary amount of time out of their classroom, allowing them to complete the Early Childhood Education practicum
- Acknowledgement that this is a one-time scholarship; if recipient withdraws from or fails practicum, then reapplication will not be awarded
- Adhere to T.E.A.C.H. Nevada paperwork requirements and deadlines

\_\_\_\_\_  
**Signature of Program Director/Owner/Board Chair**

\_\_\_\_\_  
**Date**

Print name of program director/owner/board chair: \_\_\_\_\_

Print name of program: \_\_\_\_\_

Program License Number: \_\_\_\_\_

Program Tax ID Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ County: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Program Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

**Please check all forms of funding your facility receives** *(Please check all that apply)*

Head Start     State Head Start     Title I     State Subsidies: Contracts

Early Head Start     State PreK     IDEA     State Subsidies: Vouchers

**For Head Start or Multi-Site Programs:**

Is this early learning program owned or managed by another organization?  Yes  No

If yes, then please give the parent company name/address:

\_\_\_\_\_

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**Number of children served:** \_\_\_\_\_

**Type of Program** (Please check all that apply)

Head Start    For Profit    Not for Profit

**Quality Rating & Improvement System (QRIS): Nevada State Silver Stars**

One Star    Two Star    Three Star    Not QRIS Rated

**Accredited Program:**  Yes    No   If yes, by whom? \_\_\_\_\_

### 8. Statement and Signature of Applicant

I, \_\_\_\_\_ (applicant's name), attest that the information provided on this application and the supporting documentation is true to the best of my knowledge. I understand that falsifying application information or documentation or the failure to comply with documentation requirements may result in the inability to be a participant with this program. If my participation is terminated due to my failure to comply with documentation requirements, I understand that my employer may be notified, along with the program funder. If for any reason the scholarship money is issued incorrectly as a result of false information provided by me, I acknowledge that I will be required to reimburse the T.E.A.C.H. Early Childhood® Project for the monetary support that was received in error.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### T.E.A.C.H. Early Childhood® Nevada Checklist of Attachments

In order for us to process scholarship applications, please send the following items to:

**T.E.A.C.H. Early Childhood® Nevada**

**240 South Rock Boulevard**

**Suite 143**

**Reno, Nevada 89502**

- Completed T.E.A.C.H. Nevada scholarship application
- Copy of a recent paycheck stub/verification of income
- Signed Participation Agreement
- Practicum admission verification
- Copy of college transcripts/verification of required coursework completion

Please contact us if you have any questions or concerns!

Telephone: 1.800.259.1907

Email: [teachnevada@gmail.com](mailto:teachnevada@gmail.com)

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