



Telephone: 775-327-0680  
 Toll Free: 1-800-259-1907  
 Fax: 775-857-3179  
 Email: [teachnevada@gmail.com](mailto:teachnevada@gmail.com)  
 Website: [www.nvteach.org](http://www.nvteach.org)

## Knowledge Universe College Credit Scholarship Application

**Date:** \_\_\_\_\_ **Semester you would like your scholarship to begin:**  
 Spring  Summer  Fall Year: \_\_\_\_\_

**College or university you plan to attend:** \_\_\_\_\_

### 1. Personal Information

**Name:** \_\_\_\_\_  
                                 Last  First  Middle initial

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **NV Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Work Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Cell Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Social Security No:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Gender:**  Male  Female

**U.S. Citizen:**  Yes  No

*Please return completed application and supporting documents to the T.E.A.C.H. Nevada office:  
 240 South Rock Boulevard, Suite 143, Reno, NV 89502 / Fax: 775-857-3179 / Email: teachnevada@gmail.com*



**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

<b>2. Employment Status</b>
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**Program License Number:** \_\_\_\_\_ **Program Name** \_\_\_\_\_

**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

**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](tel:18002591906)**

**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. Additional Program Information**

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

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

Director/Administrator/Owner Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

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

Program Mailing Address (if different from above)	Program Billing Address (if different from above)
Street: _____	Street: _____
City: _____ Zip Code: _____	City: _____ Zip Code: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____

**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

**Part Time Program:**     Yes     No (check one)    **Accredited Program:**     Yes     No

If yes, by whom? \_\_\_\_\_

**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

# of those on state subsidy: \_\_\_\_\_ # of part-time staff (<40 hours per week): \_\_\_\_\_

# of full time staff: \_\_\_\_\_ # of staff that work under 12 months per year: \_\_\_\_\_

## 6. Statement and Signature of Recipient

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 the social security number provided is my correct tax identification number and I am a US citizen. 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 of this program. If my participation is terminated due to my failure to comply with documentation requirements, I understand 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 T.E.A.C.H. Early Childhood® Nevada for the monetary support that was received in error. Based on this information, I am applying for a scholarship from T.E.A.C.H. Early Childhood® Nevada to help pay the cost of early childhood education expenses.

\_\_\_\_\_  
Signature of Recipient

\_\_\_\_\_  
Date

## 7. College/University Information

**Are you currently enrolled at a college or university?**       Yes       No

**Which college or university would you like to attend?** \_\_\_\_\_

**Have you been through the admissions process at the school listed above?**       Yes       No

**Planned first term?**       Fall       Summer       Spring      \_\_\_\_\_ Year

## 8. Participation Agreement

### Scholarship Recipient Agrees to:

- Pay 10% of the cost of tuition, after all other financial aid award(s) have been applied, for approved courses enrolled in during the contract year
- Pay 10% of text book costs
- Commit to employment at Knowledge Universe for one additional year upon successful completion of the 9-15 semester hours

### Knowledge Universe® Agrees to:

- Pay 20% of the cost of tuition for each approved course the scholarship employee is enrolled in, up to a maximum of 15 semester hours during the contract period.
- Provide paid release time to the scholarship employee that is equivalent to the number of semester hours of the course(s) being taken, with a maximum of three hours of release time per week each week that classes are in session. Note: Employees that are not part of the staffing ratio in the classroom are not eligible for release time.
- \$350 bonus each year at least 9 college credits are successfully completed

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Recipient Signature

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Date

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Signature of Program Director/Owner/Board Chair

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Date

Print name of program: -----

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

In order for us to process Knowledge Universe College Credit 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

- T.E.A.C.H. Knowledge Universe scholarship application
- Copy of a recent paycheck stub
- Signed Participation Agreement
- Copy of college transcripts
- Copy of a current center license
- Document of FAFSA application: [www.fafsa.ed.gov](http://www.fafsa.ed.gov)

Please contact us if you have any questions or concerns  
Telephone: 1.800.259.1907  
Email: [teachnevada@gmail.com](mailto:teachnevada@gmail.com)



*The funds for this scholarship are made possible by the Office of Early Learning & Development.  
Administration for the program is provided by The Nevada Association for the Education of Young Children. This scholarship program was developed to increase the educational level of child care providers and to improve their compensation and recognition in the field.*

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