



Telephone: 775-327-0680
 Toll Free: 1-800-259-1907
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 Website: 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 main T.E.A.C.H. Nevada office:
 240 South Rock Boulevard, Suite 143, Reno, NV 89502*

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

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

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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

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. **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? _____

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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

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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

Recipient Signature

Date

Signature of Program Director/Owner/Board Chair

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
- Document of FAFSA application: www.fafsa.ed.gov

Please contact us if you have any questions or concerns
Telephone: 1.800.259.1907
Email: teachnevada@gmail.com



The funds for this scholarship are made possible by the Office of Early Care & Education. 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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