

Employment Information

Center Name: _____

Center Address: _____

City: _____ **County:** _____ **NV Zip:** _____

Center Phone: (_____) _____ **Center Fax:** (_____) _____

Center or Directors Email: _____

Name of the person authorizing your scholarship: _____

Position: Director Owner Board Member Other: _____

Center License Number: _____ **License Expiration Date:** _____

Initial date of hire: _____ **Current hourly wage:** _____

How many hours per week do you work?

Total: _____ In classroom, directly with children: _____

How many months per year do you work? _____

How many children are in your classroom or child care home? _____

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

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

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

*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*

Statement of Income

Employer information is to be completed for the applicant only, unless otherwise noted.

Job #1 Employer: _____

Hours/Week: _____ **Earnings:** _____ **per** _____

Job #2 Employer: _____

Hours/Week: _____ **Earnings:** _____ **per** _____

Your Total Income: \$ _____ **per** _____

Your Total Family Income (your spouse included): \$ _____ **per** _____

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

Are you the primary source of income for your household? Yes No

Do you consider yourself a single-parent household? Yes No

Educational Background

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 & transfer to a 4-year college/university

Are you currently enrolled at a community college? Yes No

If applying for a Bachelor Degree Scholarship, please indicate how many credits you have already completed toward your desired Early Childhood degree: _____

If given the option, what would be your preferred language for learning?

Apprenticeship Graduate? Yes No **If Yes, Graduation Date:** _____

Will you be the first in your family to attain a college degree? 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*

Financial Aid Verification

Have you applied for any other financial aid, such as a Pell Grant, Smart Start Grant, scholarships, or student loans? Yes No

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

Find more information regarding federal student aid at <http://www.fafsa.ed.gov/>

Professional Goals: *attach an additional page if desired*

1. What are your professional and educational goals? Please include short and long term goals.

2. What challenges do you see in obtaining your degree or certificate?

*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*

Center Participation Agreement

*This agreement must be completed by the center director or owner.
The T.E.A.C.H. Early Childhood® Nevada scholarship requires sponsoring center participation.*

In the event that _____ is awarded a scholarship,
(print applicants name)

I, _____ the Owner/Director of, _____
(print director/owner name) (center name)

understand and agree to the following conditions:

Child Care Center Agrees To:

- Pay 10% of the cost of tuition for 9-15 credits during the contract period (20% of the cost of tuition is paid by Family Based Professionals)
- Provide paid release time to the scholarship recipient, with a minimum of 16 hours and a maximum of 96 hours for each semester the recipient is enrolled in classes. The center will be reimbursed for 80% of the time off at a rate of \$13.50 an hour (release time is only applicable to full-time teachers and family based professionals)
- Provide a compensation benefit at the end of the commitment term (see below)

Please select the compensation benefit you will provide the scholarship recipient upon contract/commitment completion:

_____ Award a 2% wage increase. _____ Award a \$300 bonus.

Center License Number	Expiration Date	License Type/QRIS Star Rating Level
-----------------------	-----------------	-------------------------------------

Center Name

Center Address/County

Email Contact

Center Phone

Center Fax

Printed Name of Owner/Chairperson

Signature of Owner/Chairperson

FOR ALL PROGRAMS TO COMPLETE

Type of Facility:

Profit Nonprofit Head Start State funded

Faith Based Other _____

Center Accredited: Yes No

If yes, by whom: _____

FOR ALL PROGRAMS TO COMPLETE

Please check all forms of funding your facility receives:

Head Start Early Head Start State Head Start

State PreK Title I IDEA

State Subsidies: Contracts State Subsidies: Vouchers

*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*

T.E.A.C.H. Early Childhood ® Nevada
Authority for the Exchange of Information

I, the undersigned, do hereby authorize the exchange of information regarding my financial status and/or that of my family's, in order that I may be considered for financial assistance from T.E.A.C.H.® Nevada; I further authorize the release of information pertaining to my scholastic achievement, if required, to determine my continued eligibility. By signing below I also acknowledge that I may be required to complete a FERPA (Family Educational Rights and Privacy Act) form or other documentation required by Nevada's higher education institutions in order to ensure the right to exchange information with T.E.A.C.H.® Nevada. ***Check all that apply:***

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

- College of Southern Nevada
- Great Basin College
- Western Nevada College
- Truckee Meadows Community College
- University of Nevada Reno
- University of Nevada Las Vegas
- The Nevada Registry

By signing below, I permit the following information to be shared with T.E.A.C.H. Early Childhood ® Nevada:

- Academic status
- Transcripts
- Outstanding financial obligations
- Status of current financial aid award
- Nevada Registry certificate and documents within your career development file

Student Signature

Printed Name

Social Security Number

Date

*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*

T.E.A.C.H. Early Childhood® Nevada Application Checklist

- Completed application
- Copy of Nevada driver's license
- Copy of most recent pay stub or statement of income from employer. Home Care Providers – tuition receipts for one week, tax statement, or estimated income form
- Copy of FAFSA report and award letter(s)*
- Copy of college transcripts
- Bachelor degree scholarship applicants, please provide photocopy of associate degree
- Copy of your Nevada Registry Certificate, current level _____ *
- Copy of current center license
- Confirmation of QRIS participation
- Signed “Center Participation Agreement” form
- Signed “Authority for the Exchange of Information” form
- Additional required forms will be provided upon being awarded a T.E.A.C.H. scholarship

* Please file for financial aid prior to, or immediately following, the submission of your scholarship application. You can file for financial aid online at <http://www.fafsa.ed.gov> or visit your college's financial aid office. A financial aid award does not disqualify you from the T.E.A.C.H.® Nevada scholarship

* Please apply with the Nevada Registry prior to, or immediately following, the submission of your scholarship application. You can access the application and more information at <http://www.nevadaregistry.org>



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.

*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*