



T.E.A.C.H. Early Childhood® NEVADA  
 (P) 775-327-0680  
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 teachnevada@gmail.com  
 www.nvteach.org

## T.E.A.C.H. Early Childhood® NEVADA Scholarship Application

**Date:** \_\_\_\_\_ **Semester you would like your scholarship to begin:**

Spring  Summer  Fall  Winter Year: \_\_\_\_\_

**I am requesting a scholarship to earn an:**  ECE credits to Advance on The Nevada Registry Career Ladder  
 ECE Certificate/Credential  
 ECE Associate Degree  
 ECE Bachelor Degree

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

## Personal Information

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

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

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

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

**Email:** \_\_\_\_\_

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

**Gender:**  Male  Female  Non-Binary **Nevada Resident**  Yes  No

**How did you hear about T.E.A.C.H. Early Childhood® NEVADA:**

Presentation  College  My Center Director  T.E.A.C.H. Recipient  Website

Other: \_\_\_\_\_

*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*

## Demographic Information

**Ethnicity:** *Used for demographic purposes only*

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**Are you of Latino origin?**

- No                       Yes, Puerto Rican                       Yes, Mexican  
 Yes, Cuban     Other Hispanic or Latino

**Do you consider yourself:**

- White     Black or African American  
 American Indian or Alaska Native

**Asian:**

- Asian Indian  
 Chinese  
 Filipino  
 Japanese  
 Korean  
 Vietnamese  
 Other Asian: \_\_\_\_\_

**Pacific Islander:**

- Guamanian or Chamorro  
 Native Hawaiian  
 Samoan  
 Other Pacific Islander: \_\_\_\_\_

**Other Race:**

- Please specify: \_\_\_\_\_

## 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 Early Childhood Education Certificate or Credential  
 Take a few early childhood courses to obtain or upgrade job-related skills  
 Earn an Early Childhood Associate of Applied Science Degree  
 Earn an Early Childhood Associate of Arts Degree and transfer to a four-year college/university to earn a Bachelor's Degree  
 Earn an Early Childhood Bachelor Degree

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

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

### 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

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.

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

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### Statement & Signature of Applicant

*I attest to the fact that the information I have provided is true and accurate.  
Based on this information, I am applying to T.E.A.C.H. Early Childhood® NEVADA for a scholarship to help pay the cost of educational expenses. By signing below I agree to participate in the collection of data regarding the impact of this scholarship on income, educational attainment, position changes, and quality of care.*

**Signature of Applicant**

**Date**

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## Employment Information

**Employer Name:** \_\_\_\_\_

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

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

**Employer Phone:** \_\_\_\_\_ **Employer Fax:** \_\_\_\_\_

**Employer or Directors Email:** \_\_\_\_\_

**Name of the person authorizing your scholarship:** \_\_\_\_\_

**Position:**  Director  Owner  Board Member  Other: \_\_\_\_\_

**Initial date of hire:** \_\_\_\_\_ **Current hourly wage:** \_\_\_\_\_

**How many hours per week do you work?** \_\_\_\_\_

**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  Director  Assistant Director

Family-Base Professional\*  Non-Teaching Professional Staff\*

Non-Teaching Support 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 administrative, 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 – Pre-K)  School Age

## Child Care Program Participation Agreement

*This agreement must be completed by the director or owner of the sponsoring child care program.  
The T.E.A.C.H. Early Childhood® NEVADA scholarship requires child care program 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 Program Agrees To:

- Pay 10% of the cost of tuition up to 15 credits during the contract period (20% of the cost of tuition is paid by Family Based Professionals)
- Provide paid release time to eligible scholarship recipients, with a minimum of 16 hours and a maximum of 96 hours for each semester the recipient is enrolled in classes. The child care program is reimbursed a rate of \$10.80 an hour (release time is only applicable to full-time teachers and family based professionals)
- Provide a compensation benefit at the end of the contract period for successfully completing a minimum of nine (9) credits (see below)

**Please select the compensation benefit you will provide the scholarship recipient upon successful contract completion:**

\_\_\_\_\_ Award a 2% wage increase.

\_\_\_\_\_ Award a \$300 bonus.

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Child Care License Number	Expiration Date	QRIS Star Rating Level
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Child Care Program Name

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Child Care Program Address	City	Zip Code	County
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Email Contact	Phone Number
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Printed Name of Owner/Chairperson

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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

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**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. Early Childhood® 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. Early Childhood® 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

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**Applicant Printed Name**

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**Applicant Signature**

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**Date**

## 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. Family Child Care Providers – Completed Income Verification Worksheets provided by T.E.A.C.H.
- Copy of FAFSA report and award letter(s)\*
- Copy of college transcripts
- Bachelor degree scholarship applicants, please submit official transcripts verifying degree achieved. If an associate degree was not achieved, please submit documentation from the university confirming a minimum of 60 transferable credits towards the bachelor degree.
- Copy of your Nevada Registry Certificate, current level \_\_\_\_\_ \*\*
- Copy of current child care license

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. Early Childhood® 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.*

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