



T.E.A.C.H. Early Childhood® MAINE Associate Degree Scholarship Application

Date: _____

Name	
Address	
City, State, Zip	
County	
Phone Number	
SSN	
Email	
Date of Birth (mm/dd/yyyy)	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary

Employment Status

**What is your
current job title?**

☐ Teacher

☐ Assistant Teacher

☐ Administrator

☐ Family Child Care Educator

☐ Other:

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

☐ Infants (0-12 months)

☐ Toddler (13-26 months)

☐ Preschool (3-5 years)

☐ PreK

☐ School Aged

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

How many hours per week do you work?

How many months per year do you work?

Beginning date of employment at current facility?

What is your current hourly wage?

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

☐ Less than 2 years

☐ 2-5 years

☐ 6-10 years

☐ 10+ years

How Did you Hear about the T.E.A.C.H. Early Childhood Scholarship Program?

☐ Presentation

☐ Mailing

☐ Maine Roads to Quality PDN

☐ College

☐ My Center Director

☐ T.E.A.C.H. Recipient

☐ Conference/Workshop

☐ Website

☐ Other (please specify)



T.E.A.C.H. Early Childhood® MAINE Associate Degree Scholarship Application

Ethnicity

Do you consider yourself...?

- | | | |
|---|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Other, two or more races |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian | <input type="checkbox"/> Other |
| <input type="checkbox"/> American Indian or Alaska Native | | |

Do you consider yourself Latinx?

- ☐ Yes ☐ No

Which languages can you speak fluently?

- | | | |
|-----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Japanese | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Korean | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Lao | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Creole | <input type="checkbox"/> Persian | <input type="checkbox"/> Tribal: |
| <input type="checkbox"/> English | <input type="checkbox"/> Polish | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> French | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Russian | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other: |

What is your preferred language for learning? _____

Family Structure

How many people (other than you) live in your household?: _____

Number	Relationship
	Parents
	Siblings
	Spouse/Partner/Significant Other
	Children
	Other

Have either of your parents or any of your brothers or sisters attended college?

- ☐ Yes
☐ No

DO either of your parents or any of your brothers or sisters have a college degree?

- ☐ Yes
☐ No



T.E.A.C.H. Early Childhood® MAINE Associate Degree Scholarship Application

Education Information

<i>High School</i>	<i>Dates Attended</i>	<i>Diploma?</i>	<i>GED?</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>College/University</i>	<i>Dates Attended</i>	<i>Major(s)</i>	<i>Degree or Credit Hours</i>

Have you taken any college courses in the past two years?

☐ Yes

☐ No

Have you taken any Early Childhood Education credits in the past two years?

☐ Yes How many? _____

☐ No

If you currently are enrolled in college courses, what is your projected graduation date?

What of the following credentials and/or specializations do you currently hold?

☐ CDA: Infant/Toddler

☐ State Issued Credential

☐ CDA: Preschool

☐ Post BA (Maine Teaching license)

☐ CDA: Family Child Care Home

☐ CDA: Home Visitor

Are you an active member of the Maine Roads to Quality Professional Development Network Registry?

☐ Yes, what is your current career lattice level:

☐ No

Which of the following MRTQ PDN Credentials do you hold?

☐ Inclusion

☐ Infant and Toddler

☐ Youth Development

☐ Director

Are you currently First Aid/CPR Certified?

☐ Yes

☐ No



T.E.A.C.H. Early Childhood® MAINE Associate Degree Scholarship Application

Statement of Income

Job #1 Employer _____

Hours/Week _____ Earnings _____ per _____

Job #2 Employer _____

Hours/Week _____ Earnings _____ per _____

Have you applied for any other financial aid (such as Pell Grants, Smart Start Grants 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

YOUR TOTAL INCOME \$ _____

YOUR TOTAL FAMILY INCOME (your spouse included) \$ _____

****PLEASE ATTACH A COPY OF YOUR MOST RECENT PAY STUB HERE****



T.E.A.C.H. Early Childhood® MAINE Associate Degree Scholarship Application Center Participation Agreement

Center Name			
Center Address (please include the County)			
Type of Center	<input type="checkbox"/> Child Care Facility <input type="checkbox"/> Family Child Care Provider		
Director/Owners Name			
Directors Contact Info	Email:	Phone:	
License Number			
Current Enrollment			
Rising Stars Rating	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> —		
NAEYC/NAFCC Accredited?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Category	<input type="checkbox"/> For-profit <input type="checkbox"/> Non-profit		
Funding the Program Receives	<input type="checkbox"/> Head Start <input type="checkbox"/> State PreK partnership <input type="checkbox"/> State Subsidies		

For Head Start or multi-site programs:

Is your child care program managed by another organization? ☐ Yes ☐ No

If yes, please provide the parent company name and address:

The T.E.A.C.H. Early Childhood Associates Scholarship model offered through the Maine Association for the Education of Young Children requires the participation of each scholarship recipients employing child care center. In the event that _____ is awarded a scholarship, I understand that the center agrees to participate in the following ways:

For child care centers:

- ☐ Pay 7.5% of tuition for courses totaling 9-15 credits
- ☐ Provide paid release time each week for the scholarship employee including at least 2 hours per week
- ☐ Upon completion of the contract (completion of 9-15 credits), award \$250 bonus.

For family child care providers:

- ☐ Pay 15% of tuition for courses totaling 9-15 credits
- ☐ Provide release time each week

(Signature of Owner/Director)



T.E.A.C.H. Early Childhood® MAINE Associate Degree Scholarship Application

Personal Responsibility Agreement

In the event that I am awarded a T.E.A.C.H. scholarship I _____, as a T.E.A.C.H. Early Childhood® Scholarship Recipient, will:

- ☐ Attend class, study, work hard and be a responsible student. This is a great opportunity that should be taken seriously.
- ☐ Regularly communicate with my scholarship counselor. My counselor is available to help guide me through the process of attending college as well as balancing my college, work and family responsibilities. He/She is just a phone call or email away and can answer many questions.
- ☐ Submit reimbursement forms in a timely manner. Preauthorization forms must be submitted in time for scholarship counselors to forward to the appropriate school. Form B's must be submitted for reimbursement of tuition, books and travel claims. If my model includes paid release time, I will sign the Form C's, be sure my director (if applicable) signs the Form C and help get it submitted for reimbursement for release time.
- ☐ Contact my scholarship counselor regarding any changes to my employment or college status, or if I am having difficulty in meeting my course/college requirements or scholarship contract.
- ☐ Submit my grades within 30 days of the close of the semester. Keeping my scholarship record up-to-date is critical to ensuring that I can continue my education without unnecessary delays.
- ☐ Pay any bills from T.E.A.C.H. and/or my college in a timely manner. It is my responsibility to ensure that I am meeting all of my obligations.

(Signature of Applicant)



T.E.A.C.H. Early Childhood® MAINE Associate Degree Scholarship Application

Education Pathways and Professional Development Goals

When would you like your scholarship to begin?

Year:

☐ Fall

☐ Spring

☐ Summer

Do you know which community college you would like to attend?

☐ Yes

☐ No

If yes, which one: _____

If no, would you like to set up a consult call with MaineAEYC to discuss your educational pathways and college options here in Maine?

☐ Yes

☐ No

What are your professional goals? Describe how a degree will help you achieve those goals.

Is there anything else about yourself you would like us to consider while reviewing your application?

Please return signed and completed applications to:

info@maineaeYC.org