

T.E.A.C.H. Early Childhood[®] Scholarship Program

Youth Development Professional Scholarship

Degree in Human Services with Emphasis in Youth Development

Check one only: AS Degree BAS Degree
You must already have an AS degree

Legal Name _____ Female
First name Initial Last name Maiden Name and/or Previous Last Name Male

Home Mailing Address _____ Apt # _____

City/State _____ Zip+4 _____ County _____

Phone (H)() _____ (Cell)() _____ (W)() _____

Social Security Number _____ Birthdate _____

Email _____ is NOT a Florida resident Check here if applicant

Ethnicity: Black/African American White/Caucasian American Indian/Alaskan Asian
 Hispanic/Latino Native Hawaiian/Other Pacific Islander Multiracial Other

Employment Status

What is your job title? _____ is also program owner Check here if applicant

Date of employment at your current workplace? (month/day/year) _____

Length of employment: Less than one year 1-3 years 3-5 years 5-10 years Over 10 years

What age group(s) do you teach? 5-10 11-14 15-18 19-24

Educational History

Name of Last High School Attended and City/State	Dates Attended	High School Diploma?	G.E.D.?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Community College University	Dates Attended	Major(s)	Credit Hours Earned	Type of Degree Earned

Education Level: High school or GED Some college Associate degree in field
 Associate degree out of field Bachelor degree out of field Post-graduate work Certificate

For T.E.A.C.H. use only
QUAL APP _____ Authorized _____

Family Structure

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

- Check one: Married, no children Married parent or grandparent with (number)____ minor children or grandchildren in the home
 Married, no minor children Single parent or grandparent with (number)____ minor children or grandchildren in the home
 Single, no children
 Single, no minor children

How did you find out about the T.E.A.C.H. Early Childhood® Scholarship Program?

- Presentation Mailing R&R Agency College/School Job T.E.A.C.H. recipient Other

You will be attending Palm Beach Community College; however, we cannot issue contracts without knowing which school session you are or will be attending:

- When *did* you begin class or when *would you like* to begin? (List one only) currently enrolled seeking reimbursement
 Spring (Jan-April) Summer A (May-June) Summer B (June-July) Fall (Aug-Dec) I'll start as soon as I am awarded a scholarship
 Before July 1 After June 30

Actual date class began/will **begin** (if known): _____, 200____ **What year?** _____

YOUTH DEVELOPMENT PROGRAM INFORMATION

Legal Name of Program: _____

P.O. Box/Mailing Address: _____
City Zip Code+4

Street Address (if different from above) _____

City/State/Zip+4: _____, FL _____ County: _____

Phone # () _____ Fax # () _____

License # or Federal ID# _____
(License-exempt centers **ONLY** should give Federal ID#)

- Licensed or regulated: Licensed by the State of Florida
 Self-regulated -- Indicate the regulating organization:
 YMCA
 Other: _____
 License-exempt

- Center Auspices: School or other educational institution
 Public agency (e.g., Park and Recreation, municipally run)
 Affiliate of national non-profit
 Independent community-based program
 Faith-based organization
 Private for-profit business

Number of children licensed for _____ Number of children enrolled _____

SPONSOR AGREEMENT FOR YOUTH DEVELOPMENT SCHOLARSHIP

Check scholarship for which you are applying: AS Degree BAS Degree

As this applicant's supervisor or the owner of this youth development program or before/afterschool program, on behalf of my program, I agree that my facility will pay a portion of this applicant's educational expenses as described below. (*Applicant's supervisor or program owner must agree to both conditions and sign below.*)

1. The program will pay 10% of the cost of tuition for 9-12 college credit hours over a 12-month period.
AND
2. At the end of the contract, and upon completion of appropriate coursework, the program will award a \$100 bonus.

TO BE COMPLETED BY APPLICANT'S SUPERVISOR

I affirm that this applicant's date of hire is _____. By signing this document I agree to the terms stated above and affirm that this applicant works _____ hours per week and is paid for _____ weeks per year (not paychecks per year) (there are 52 weeks in a year) at a rate of \$_____ per hour. Applicant works _____ hours per week in the classroom. If employee is salaried, yearly salary is \$_____. For seasonal employees, applicant works _____ (name of month) through _____ (name of month).

Applicant receives free or reduced childcare of \$_____ per month (check one):

- Free or reduced childcare is in addition to the hourly rate
 Free or reduced childcare is included in the hourly rate

I stipulate that this program will be responsible for the above-listed conditions even if the employee breaks the contract.

(Print Name of Applicant's Supervisor or Program Owner)

(Email address)

(Signature of Applicant's Supervisor or Program Owner)

(Title)

(Date)

APPLICANT'S AFFIRMATION – READ VERY CAREFULLY BEFORE SIGNING

I understand that I will be responsible for 10% of the cost of tuition and books. I affirm that the information I have provided is true and accurate. Based on this information, I am applying to the Children's Forum for a scholarship to help pay the cost of educational expenses. I understand that my benefits may be reduced if I am receiving other financial / scholarship assistance. In addition, **I agree to commit to employment at my sponsoring center for one year** of educational classes and for an additional nine months after classes and my contract end. **I understand that if my application is incomplete or incorrect, it will be returned to me.** I have made a copy of this application for my own records. I am a Florida resident.

Signature of Applicant

Date

STATEMENT OF APPLICANT'S INCOME

Instructions: Complete sections A through E below. For income verification for your job, your supervisor must complete and sign the verification of income section on page 3 of this application. Do not send check stubs in lieu of completing the verification of income section.

A. Your gross earnings at sponsoring program \$ _____ per _____

Name of your sponsoring program _____

Number of hours you work per week _____

Number of weeks per year that you are paid for, **not** number of paychecks ... _____
 (There are 52 weeks in a year) (There are 4.33 weeks in a month)

B. Your YEARLY WAGES (before taxes)

_____ X _____ X _____
 Hours per week X Weeks per year X Hourly rate \$ _____

C. If your child(ren) attends your program for free or at a reduced tuition rate, include the usual cost of that tuition as income **if it is not already included in your hourly rate above**..... \$ _____

D. Your YEARLY GROSS (before taxes) INCOME..... \$ _____

E. Are you a student? No Yes - If yes:

Pell Grant Applied Received \$ _____ per _____

Other Scholarship/Grant Applied Received

Grant Name \$ _____ per _____

As part of this scholarship, the T.E.A.C.H. Early Childhood[®] Scholarship Program will pay for 80% of tuition, 90% of books and will pay a \$75 per-semester travel stipend. Upon completion of the one-year contract, including completion of 9-12 credit hours, T.E.A.C.H. will award a \$300 bonus to the recipient.



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Children's Forum

2807 Remington Green Circle / Tallahassee, FL 32308

(850) 487-6302 or Toll Free (877) FL-TEACH [358-3224]

www.thechildrensforum.com

DO NOT FAX!!!