

T.E.A.C.H. Early Childhood® NEW MEXICO

Application for Early Childhood Education Scholarship Program

Name of employer: _____ City: _____

Scholarship sought: Associate's Bachelor's Graduate
Alternative Licensure Child Development Certificate (CDC)

Date: _____

1. Name: _____

2. Social Security Number: _____

3. Birth date: _____ Gender: _____

4. Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

5. Phone: (H) _____ (W) _____

6. Email address: _____ Cell phone: _____

7. Employment Status:

- a. What is your current job title? Teacher Family Based Professional
 Assistant Teacher Non-Teaching Professional Staff
 Administrator Non-Teaching Support Staff
- b. How many hours per week do you work with children? _____
- c. Beginning date of employment in current workplace? (M/D/Y) _____
- d. What age group(s) do you teach? Infants (0-12 Months) Preschool (37 Months - PreK)
 Toddler (13-36 Months) School Age
- e. Number of children in your classroom or childcare home? _____
- f. What is your current hourly pay? (Please do not leave blank!) _____
- You must submit a copy of your current pay stub with this application.**

8. Ethnicity:

Are you of Hispanic, Latino or Spanish origin?

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

Do you consider yourself...?

- White Black, African Am. or Negro American Indian or Alaska Native
List Tribe: _____
- Asian Indian Japanese Native Hawaiian Chinese Korean
 Granamanian or Chamorro Filipino Vietnamese Samoan
- Other Asian: _____ Other Pacific Islanders: _____ Other Race: _____

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

- Presentation
- My Center Director
- Other (Please specify) _____
- Mailing
- T.E.A.C.H. Recipient
- CCR&R Agency
- Workshop
- College
- Website

10. How many years have you worked in an early childhood education program?

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

11. Please check the box that best describes your educational history:

- No high school diploma
- Associate Degree
- Masters
- High school diploma/GED (Major: _____) (Major: _____)
- 1-year certificate
- Bachelor Degree
- Doctorate
- (Major: _____)

YOU MUST INCLUDE A COPY OF YOUR COLLEGE TRANSCRIPT!!
(Unofficial copy is acceptable)

12. Please check one that best describes your educational goals:

- 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
- Earn a Bachelor's or Master's Degree in Early Childhood Education

13. Are you currently enrolled in an Early Childhood Education Degree program at a public university in New Mexico? Yes No

Describe how far you have progressed and what degree you are seeking.

14. What college or university would like to attend? _____

15. When would you like your scholarship to begin?

- Fall
- Spring
- Summer
- Year _____

16. Is there anything else you would like us to consider in reviewing your application?

17. In a paragraph or two, describe your professional goals in early childhood education and how the degree or license you are seeking will help you to reach them. Include your long-term goals. Please use a separate page!

Program Participation Agreement

The Early Childhood Education Scholarship Program requires the financial participation of each scholarship recipient's employing program. In the event that _____ is awarded a scholarship, I understand that the program agrees to participate in one of the following ways: (Please check to indicate which option you prefer.)

- Model 1 (The Standard Option)** as described in this brochure.
Please choose either: ____2% raise or ____\$200 bonus
- Model 3 (The Large Program Option)** as described in this brochure.
- Model 5 (The Simple Option)** as described in this brochure.
- Model 7 (Other Early Childhood Professionals and Part-Time Program Option)**
as described in this brochure.
- Graduate Work Option** **Alternative Licensure Option** **Director Option**
- Family Home Option** (Food program _____ Registration no. _____)

Program Name: _____ License #: _____ STAR level _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax number: _____

Program Email Address: _____

Number of children licensed for: _____ Number of children enrolled: _____

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|---|---|--|-------------------------------------|-------------------------------------|------------------------------------|-----------------------------------|-------------------------------------|---------------------------------|--------------------------------|----------------------------------|--------------------------------------|--|--|
| <p>Program Auspices:</p> <table><tr><td><input type="checkbox"/> Church/religious</td><td><input type="checkbox"/> Public School</td></tr><tr><td><input type="checkbox"/> Head Start</td><td><input type="checkbox"/> Tax-paying</td></tr><tr><td><input type="checkbox"/> Municipal</td><td><input type="checkbox"/> Military</td></tr><tr><td><input type="checkbox"/> Non-profit</td><td><input type="checkbox"/> Tribal</td></tr><tr><td><input type="checkbox"/> FOCUS</td><td><input type="checkbox"/> NM PreK</td></tr><tr><td><input type="checkbox"/> Other _____</td><td></td></tr></table> <p>Is your program accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, by whom? _____</p> | <input type="checkbox"/> Church/religious | <input type="checkbox"/> Public School | <input type="checkbox"/> Head Start | <input type="checkbox"/> Tax-paying | <input type="checkbox"/> Municipal | <input type="checkbox"/> Military | <input type="checkbox"/> Non-profit | <input type="checkbox"/> Tribal | <input type="checkbox"/> FOCUS | <input type="checkbox"/> NM PreK | <input type="checkbox"/> Other _____ | | <p>Name of Principal/Director/Owner:</p> <p>_____</p> <p>Signature of Principal/Director/Owner:</p> <p>_____</p> <p>Date _____</p> |
| <input type="checkbox"/> Church/religious | <input type="checkbox"/> Public School | | | | | | | | | | | | |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Tax-paying | | | | | | | | | | | | |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> Military | | | | | | | | | | | | |
| <input type="checkbox"/> Non-profit | <input type="checkbox"/> Tribal | | | | | | | | | | | | |
| <input type="checkbox"/> FOCUS | <input type="checkbox"/> NM PreK | | | | | | | | | | | | |
| <input type="checkbox"/> Other _____ | | | | | | | | | | | | | |

Please check all forms of funding your facility receives:

- | | |
|---|---|
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Title I |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> IDEA |
| <input type="checkbox"/> State Head Start | <input type="checkbox"/> State Subsidies: Contracts |
| <input type="checkbox"/> State Pre-K | <input type="checkbox"/> State Subsidies: Vouchers |

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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 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 (including your spouse) \$ _____

Statement & Signature of Applicant

I attest that the financial information I have provided is true and accurate. Based on this information I am applying to the N.M. Association for the Education of Young Children for a scholarship. I understand that I must present proof of my Free Application for Federal Student Aid (FAFSA) application before the end of my contract.

(Signature of Applicant)

(Date)

YOU MUST INCLUDE A COPY OF YOUR MOST RECENT PAY STUB!!

Return this SIGNED application with transcript and verification of income to:

T.E.A.C.H. Early Childhood® NEW MEXICO
2201 Buena Vista SE, Suite 424
Albuquerque, N.M. 87106
phone: (505) 243-5437
fax: (505) 242-7310

Application Checklist:

- Application Completed (NO BLANKS PLEASE!)
- Professional Goals Included (Separate page)
- Applicant Signature (Applicant Participation Agreement)
- Director/Principal Signature (Program Participation Agreement)
- College Transcript Attached Verification of Income Attached (Pay stub)