

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

Application for Early Childhood Education Scholarship Program

Your current job (please circle): Director Classroom Teacher/Assistant Family Home

Name of employer: _____ City: _____

Scholarship sought: Associate's Bachelor's Graduate Alternative Licensure

Date: _____

1. Name: _____

2. Social Security Number: _____

3. Birth date: _____

4. Mailing Address: _____

City: _____ Zip: _____ County: _____

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

6. Email address: _____ Cell phone: _____

7. Employment Status:

- What is your job title? _____
- How many hours per week do you work with children? _____
- Beginning date of employment in current workplace? (M/D/Y) _____
- What age group(s) do you teach? _____
- Number of children in your classroom or childcare home? _____
- 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. Family Structure:

- How many people live in your household? _____
- List everyone in your house and their relationship to you. List ages of children.
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____

9. Ethnicity: Do you consider yourself...

- | | | |
|--|---|---|
| <input type="checkbox"/> Asian/ Pacific Islander | <input type="checkbox"/> Multiracial | <input type="checkbox"/> Black/African-American |
| <input type="checkbox"/> Hispanic/Latino/a/Chicano/a | <input type="checkbox"/> Native American (list tribe) _____ | |
| <input type="checkbox"/> Other (list) _____ | <input type="checkbox"/> White/European American | |

10. How did you find out about T.E.A.C.H. Early Childhood® NEW MEXICO?

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

12. Educational Background:

High School	Dates Attended	Diploma	G.E.D.
		Y N	Y N
College or University	Dates Attended	Major	Degree/ Credits Earned

YOU MUST INCLUDE A COPY OF YOUR COLLEGE TRANSCRIPT!!

(Unofficial copy is acceptable)

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 you or do you attend? _____

15. Which semester do you plan to begin attending classes?

Fall

Spring

Summer

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!

Applicant Participation Agreement

Associate's and Bachelor's degree scholarship applicants:

I understand that I will be required to pay a portion of the cost of tuition and books (10% for Associate Degree scholarship or 5% for Bachelor's Degree scholarship). I am also willing to continue to work at my sponsoring center for the year of the scholarship and one additional year after completing 9-15 credit hours during my one-year contract.

(Signature of Applicant)

Graduate and Alternative Licensure scholarship applicants:

I am aware that I will be required to pay a substantial portion of the cost of tuition and books for the graduate or alternative licensure courses. I am willing to commit to work at my sponsoring center or school for the year of the scholarship and one additional year.

I want to choose the following contract option:

- (GT3) Stipend equal to 80% of tuition cost for graduate work in early childhood education.
- (AL1) \$1,500 stipend to use toward completing Alternative Licensure in early childhood education.

(Signature of Applicant)

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 ____\$350 bonus
- Model 3 (The Large Program Option)** as described in this brochure.
- Model 5 (The Simple Option)** as described in this brochure.
- Model 7 (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 #: _____

Program Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax number: _____

Program Email Address: _____

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

<p>Program Auspices:</p> <table border="0"><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"/> AIM HIGH</td><td><input type="checkbox"/> SPARK</td><td><input type="checkbox"/> NM PreK</td></tr><tr><td colspan="3"><input type="checkbox"/> Other _____</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"/> AIM HIGH	<input type="checkbox"/> SPARK	<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														
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<input type="checkbox"/> Other _____															

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STATEMENT OF INCOME

Instructions: List sources of income available to you. **For your source of income you MUST provide a copy of verification of that income.** A statement from your employer indicating your hours and rate of pay or a current pay stub will verify earnings. A statement from your ex-spouse or a court award letter can be used to verify child support.

Applicant's Income

- A. Employer #1 _____
Earnings Job #1 \$ _____ per _____
Hours per week _____
- B. Employer #2 _____
Earnings Job #2 \$ _____ per _____
Hours per week _____
- C. YOUR TOTAL INCOME \$ _____

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)