



T.E.A.C.H. Early Childhood® ARKANSAS Scholarship Application Family Child Care Educators

- 1. Family Child Care applicant must complete all pages of this application including the income page.**
- 2. Additional documentation will be required after application is processed.**
- 3. An application with missing information will be returned for completion.**
- 4. Sign and date every place where indicated.**
- 5. Family Child Care applicant must complete and submit an IRS W-9 form. The W-9 can be downloaded at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.**
- 6. When all information is completed, mail all forms and documentation to:**

**T.E.A.C.H. Early Childhood ARKANSAS
c/o AECA
P.O. Box 4291
Fayetteville, AR 72702**

- 7. For faster processing, you may scan all forms and documentation then email to teach@arkansasearlychildhood.org.**

Applicant Name: _____

T.E.A.C.H. Early Childhood® ARKANSAS
2024-2025 Scholarship Application
For Family Child Care Educators
(Rev. 2/1/24)



Date of Application: _____

Are you currently enrolled? Yes No
Scholarship Start Date Requested: Fall 2024 Spring 2025 **PDR Number** _____

Information About You

Name			
Address			
City, St, Zip			
County			
Phone	Home: _____	Mobile (if different): _____	
SSN			
Email			
Birth Date	(mm/dd/yyyy) _____	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer

Ethnicity

Are you Hispanic? Yes No Prefer not to answer
 White American Indian/Alaska Native
 Black/African American Native Hawaiian or Pacific Islander
 Asian Other, two or more race Other Prefer not to answer

Information about Your Current Position

What is your current job title?	<input type="checkbox"/> Family Child Care Owner/Educator <input type="checkbox"/> Family Child Care Assistant Teacher <input type="checkbox"/> Other: _____		
How long have you worked in the field of early childhood?	<input type="checkbox"/> Less than 2 years <input type="checkbox"/> 2-5 years	<input type="checkbox"/> 6-10 years <input type="checkbox"/> More than 10 years	
What age groups do you teach? (check all that apply)	<input type="checkbox"/> Infants (0-12 mo.) <input type="checkbox"/> Toddler (13-36 mo.) <input type="checkbox"/> Pre-K (37 mo-5 yrs)	<input type="checkbox"/> School-Age (6 yrs and up)	

Beginning date of FCC business: _____ (Must have been in operation six months)
of children in Family Home: _____ Hours Per Week: _____
Current Wage: \$ _____ Months Per Year: _____
Paid: hourly weekly every 2 weeks twice monthly monthly

Information about Your Chosen Education and Career Goals

Describe your current level of education:

- | | | |
|---|--|--|
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Associate’s Degree:
Major: _____ | <input type="checkbox"/> Master’s Degree:
Major: _____ |
| <input type="checkbox"/> GED | <input type="checkbox"/> Bachelor’s Degree:
Major: _____ | <input type="checkbox"/> Doctorate:
Field of Study: _____ |
| <input type="checkbox"/> Certificate/Credential:
Area: _____ | | |

Please check the option that best describes your educational goals:

- Take a few early childhood courses to obtain or upgrade job-related skills
- Earn an Early Childhood Certificate (CDA)
- Earn an Early Childhood Certificate then continue to an associate degree program
- Earn an associate degree in early childhood education
- Earn an associate degree in early childhood education then continue to a bachelor’s program
- Earn a bachelor’s degree in the early childhood education
- Earn a master’s degree in early childhood education
- Other: _____

Choose the degree program and college you plan to attend.

EARLY CHILDHOOD CERTIFICATE OR NON-DEGREE COURSEWORK
85% SCHOLARSHIP

EARLY CHILDHOOD CERTIFICATE OF PROFICIENCY (9-14 hours)

EARLY CHILDHOOD TECHNICAL CERTIFICATE (30-45 hours)

NON-DEGREE SEEKING STUDENT (9-12 hours of ECE coursework only)

- Arkansas State University at Beebe
- Arkansas State University at Newport
- East Arkansas Community College
- Northwest Arkansas Community College
- Ozarka College
- Phillips Community College of the University of Arkansas
- South Arkansas College (SEARK)
- Southern Arkansas University (SAU) Tech
- University of Arkansas Community College – Batesville
- University of Arkansas Community College – Morrilton
- University of Arkansas Community College – Rich Mountain
- University of Arkansas at Fort Smith
- University of Arkansas at Monticello College of Technology
- University of Arkansas Pulaski Technical College

Certificate of Proficiency: Completion of the Early Childhood Certificate of Proficiency will count towards the 120 hours of early childhood education training required for the Child Development Associate (CDA) credential. Certificate graduates must also obtain 480 hours of professional work experience, prepare a CDA professional portfolio and successfully complete the CDA Verification Visit conducted by a CDA PD Specialist. →→→→→→ **Are you planning to complete all requirements for a CDA?** YES NO

ASSOCIATE DEGREE

85% SCHOLARSHIP

- Arkansas State University at Beebe (AAS, Early Childhood Education)
- Arkansas Tech University (Associate of Science, Early Childhood)
- Northwest Arkansas Community College (AAS, Early Childhood Education)
- Phillips Community College of the University of Arkansas (AAS, Early Childhood Education)
- Shorter College (Associate of Arts in Childhood Development)
- South Arkansas College (SEARK) (AAS, Early Childhood Paraprofessional Technology)
- University of Arkansas Community College – Batesville (AAS, Early Childhood Education)
- University of Arkansas Community College – Morrilton (AAS, Early Childhood Development)
- University of Arkansas at Fort Smith (AAS, Early Childhood Education)
- University of Arkansas at Monticello College of Technology (AAS, General Technology with ECE Technical Certificate)
- University of Arkansas Pulaski Technical College (AAS, Early Childhood Development)

BACHELOR'S DEGREE – PUBLIC COLLEGE/UNIVERSITY

85% SCHOLARSHIP

- Arkansas State University Jonesboro: Bachelor of General Studies
Scholar must also complete two Early Childhood emphasis areas with this degree.
- Arkansas Tech University: B.S., Organizational Leadership w/ Child Development concentration
Scholar must complete child development concentration. Degree is only open to directors & owners.
- University of Arkansas at Fayetteville: B.S.H.E.S., Birth through Kindergarten
This degree requires on-campus attendance during the day. You must have prior approval from T.E.A.C.H.
- University of Arkansas at Fort Smith: Bachelor of Science in Early Childhood Education

MASTER'S DEGREE

85% SCHOLARSHIP

- Arkansas State University Jonesboro: Master of Science in Early Childhood Services

How did you hear about T.E.A.C.H. Early Childhood® ARKANSAS?

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Presentation | <input type="checkbox"/> My Center Director | <input type="checkbox"/> AECA Website |
| <input type="checkbox"/> Mailing | <input type="checkbox"/> T.E.A.C.H. Recipient | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> College | <input type="checkbox"/> Workshop | |

Additional Information about Your Background and Experiences

Which of the following credentials and specializations do you currently hold?

- | | |
|--|---|
| <input type="checkbox"/> CDA: Infant/Toddler | <input type="checkbox"/> Arkansas Issued Credential |
| <input type="checkbox"/> CDA: Preschool | <input type="checkbox"/> Post BA (state teaching license) |
| <input type="checkbox"/> CDA: Family Child Care Home | <input type="checkbox"/> None of these apply |
| <input type="checkbox"/> CDA: Home Visitor | |

Have you taken any college courses in the past two years? YES NO

Have you taken any ECE credits in the past two years? YES NO

If yes, how many? _____

Applicant Name: _____

Are you CPR/First Aid Certified?

YES

NO

Which languages can you speak fluently?

- Arabic
- Armenian
- Chinese
- Creole
- English
- French
- Greek
- Hindi
- Japanese

- Korean
- Lao
- Persian
- Polish
- Portuguese
- Russian
- Spanish
- Swahili
- Tagalog

- Thai
- Tribal: _____
- Urdu
- Vietnamese
- Yiddish
- Other: _____

What is your preferred language for learning? _____

Family Structure

How many people live in your household? _____

Number	Relationship
	Parents
	Siblings
	Spouse/Significant Other
	Children
	Other

Have either 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

Your Acknowledgements & Signature

I am applying for a T.E.A.C.H. Early Childhood® ARKANSAS scholarship to help cover the cost of my higher education program in early childhood. I certify that all information that I have provided is true and accurate. I understand that all T.E.A.C.H. Early Childhood scholarships are contingent on the availability of funding and the program may be terminated at any time. I understand that funding priorities (including but not limited to income and type of degree program) may be used to determine the order of application acceptance and any waiting list. I understand any omission or incorrect information may be grounds for rejection of application or revocation of scholarship.

Signature of Applicant

Date

Print Name

T.E.A.C.H. Early Childhood® ARKANSAS Family Child Care Program Income Sheet

Name: _____ Date _____

Name of Child Care Family Home Program: _____

This sheet is designed to help you determine your monthly earnings from your FCC program. For each question, use the amount you made or spent for the previous month.

MONTHLY REVENUE			
Amt families pay to you weekly	\$ _____	X 4.33 =	\$ _____
How much was your food program reimbursement last month?			\$ _____
How much did you receive last month for child care subsidies (vouchers)?			\$ _____
How much did you receive last month for the ABC (state pre-K) program?			\$ _____
TOTAL MONTHLY REVENUE:			\$ _____
MONTHLY EXPENSES			
How much did you spend on the following in your family child care home program last month?			
Food	\$ _____	Assistant/Substitute Care	\$ _____
Manipulatives/Loose Parts	\$ _____	Professional Development	\$ _____
Supplies/Materials	\$ _____	Transportation	\$ _____
Other Curriculum	\$ _____	Other:	\$ _____
TOTAL MONTHLY EXPENSES:			\$ _____
MONTHLY REVENUE - (minus) MONTHLY EXPENSES:			\$ _____

<p>Do you have a second job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the information below:</p> <p>Employer _____</p> <p>Hours/Week _____ Gross Earnings: \$ _____</p> <p>How often are you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Monthly</p> <p>Months per year worked: _____ YOUR MONTHLY INCOME \$ _____</p>

T.E.A.C.H. reserves the right to require verification of any income information.

Have you applied or been approved for any of the following additional financial aid?

PELL Grant	<input type="checkbox"/> Applied	<input type="checkbox"/> Approved	Amount (if known); \$ _____
Student Loan*	<input type="checkbox"/> Applied	<input type="checkbox"/> Approved	Amount (if known); \$ _____
Other Scholarship	<input type="checkbox"/> Applied	<input type="checkbox"/> Approved	Amount (if known); \$ _____

Applicant Name: _____

T.E.A.C.H. Early Childhood® ARKANSAS
Scholarship Application for Family Child Care Educator
Participation Agreement Page

THIS FORM MUST BE COMPLETED AND SIGNED BY THE FAMILY CHILD CARE OWNER.

The Early Childhood Scholarship Programs offered through T.E.A.C.H. Early Childhood® ARKANSAS require the sponsorship of each scholarship recipient's employing child care family home.

In the event, I am awarded a scholarship, I understand the family child care business agrees to participate as follows:

- Maintain the program's Arkansas Child Care license in good standing.
- Provide paid release time for myself during working hours if I have a qualified substitute for the enrolled children, up to a maximum of 96 hours per semester.

Name of Family Child Care Home

License Number

Address

City

County

Zip

Name of Family Child Care Owner

Signature of Family Child Care Owner

Date Signed

T.E.A.C.H. Early Childhood® ARKANSAS
SPONSORING FAMILY CHILD CARE HOME PROFILE
To be completed by the Family Child Care Home Owner

Family Child Care Home _____

License # _____ County _____

Owner's Name _____ Today's Date _____

Owner's
E-mail Address _____

Physical Location Address:

Mailing Address (if different):

 _____ Zip _____

 _____ Zip _____

Phone () _____

Is the FCCH managed or owned by another agency/organization? Yes No

If yes, please provide the following information for the owner organization or central office:

Name _____
 Address _____
 _____ Zip _____
 Phone () _____

← { **Should bills, invoices and payments be sent to the central office?** Yes No

<p>Better Beginnings Level</p> <p><input type="checkbox"/> Currently do not participate</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6</p> <p>Nationally Accredited (NAFCC)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a current voucher participation agreement with DHS?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p align="center">Type of Agency (check all that apply)</p> <p><input type="checkbox"/> Private For-Profit <input type="checkbox"/> Non-profit</p> <p><input type="checkbox"/> Sole Proprietorship</p> <p><input type="checkbox"/> Partnership <input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Faith-based <input type="checkbox"/> State Pre-K</p> <p>License Capacity _____</p> <p>Currently Enrolled _____</p>

Program Funding: Head Start Early Head Start Arkansas Better Chance
 (check all that apply) CCDF PreK IDEA/Medicaid Vouchers (Subsidy)