



T.E.A.C.H. Early Childhood® ARKANSAS Scholarship Application

Early Childhood Pre-K Teacher Academy and 3-4 Pre-K Endorsement 2024-2025

- 1. There are two sections of forms in this packet—forms pertaining to the scholarship applicant and forms pertaining to the pre-k center employer. If you are the applicant, complete the first FOUR pages then give to your principal or center administrator who needs to complete the last TWO pages.**
- 2. Applicant must also submit a current paystub (dated within the past 30 days). Additional documentation will be requested once application is processed.**
- 3. Any application with missing forms or blanks will be rejected.**
- 4. Sign and date every place where indicated.**
- 5. In addition to this application, BOTH the applicant and the center representative 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.**

T.E.A.C.H. Early Childhood® ARKANSAS
2024-2025 Scholarship Application for:
(check one)

- Early Childhood Pre-K Teacher Academy**
 Early Childhood Pre-K Endorsement



Date of Application: _____

PDR Number _____

Anticipated Date to begin program:

- Summer I 2024 (May) Summer II 2024 (July) Fall 2024 Spring 2025

It is the scholar's responsibility to contact the college or university they plan to attend and verify available start dates for the program they have selected.

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"/> Teacher <input type="checkbox"/> Assistant Teacher/ Paraprofessional <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) <input type="checkbox"/> I do not work directly with children.	

Beginning date of employment: _____ **(Must have been employed at least 90 days.)**

of children in Classroom: _____ **Hours Per Week:** _____

Current Wage: \$ _____ **Months Per Year:** _____

Paid: hourly weekly every 2 weeks twice monthly monthly

Information about Your Education History, Goals and Plans

Please complete the information below about your bachelor’s degree program.

Date Completed	College/University	Degree/Major

How many hours of Early Childhood Education do you have? _____

Month/Year you took the Praxis 5024 test _____ Score _____

Do you currently have an Arkansas teaching license? YES NO

If yes: Area _____ Expires _____

Please check the option that best describes your educational goals:

- Add Pre-K teacher endorsement to my current teaching license
- Obtain initial teacher licensure in early childhood education
- Other: _____

Choose the program and college you plan to attend.

Applicant must complete the admissions process for each program and college.

EARLY CHILDHOOD PRE-K TEACHER ACADEMY – 90% Scholarship
Applicant must hold a bachelor’s degree + 18 hrs in early childhood education, pass the Praxis 5024 with a minimum score of 149 and be employed in a school district or cooperative pre-K program rated Better Beginnings Level 3 or higher.
Applicants should verify the selected college will offer a Pre-K Academy program.

Arkansas State University Jonesboro Harding University () Henderson State Univ.
 University of Arkansas Fayetteville Univ of Ark at Little Rock

3-4 PRE-K LICENSE ENDORSEMENT – 90% Scholarship
Applicant must hold a current P-4 or K-6 Arkansas teacher license.

ASU Jonesboro UA Fort Smith UA Monticello (Early Childhood Pre-K Special Ed Endorsement)

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

- Presentation My Center Director AECA Website Mailing
- T.E.A.C.H. Recipient College Training

Additional Information about Your Background and Experience

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

- CDA: Infant/Toddler Arkansas Issued Credential
- CDA: Preschool Post BA (state teaching license)
- CDA: Home Visitor None of these apply

Applicant Name: _____

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

Have you taken any ECE credits in the past two years? YES NO
If yes, how many? _____

Are you CPR/First Aid Certified? 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 live in your household?

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

YES NO

<i>Number</i>	<i>Relationship</i>
	Parents
	Siblings
	Spouse/Significant Other
	Children
	Other

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

YES NO

Your Acknowledgement & 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
Income Statement**

Complete all fields. Blank forms will be rejected.

Applicant: _____

Job #1

Employer _____

Hours/Week _____ Gross Earnings: \$ _____

How often are you paid? Weekly Biweekly Twice monthly Monthly

Months per year worked: _____

If you work less than 12 months per year, are you still paid over 12 months? Yes No

Job #2

Employer _____

Hours/Week _____ Gross Earnings: \$ _____

How often are you paid? Weekly Biweekly Twice monthly Monthly

Months per year worked: _____

If you work less than 12 months per year, are you still paid over 12 months? Yes No

YOUR MONTHLY INCOME \$ _____

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

PELL Grant Applied Approved Amount (if known); \$ _____

Student Loan Applied Approved Amount (if known); \$ _____

Other Scholarship Applied Approved Amount (if known); \$ _____

**APPLICANT MUST INCLUDE A PAYSTUB DATED WITHIN THE LAST 30 DAYS
WITH THIS APPLICATION.**

Applicant Name: _____

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

THIS FORM MUST BE COMPLETED AND SIGNED BY THE CHILD CARE PROGRAM/EMPLOYER.

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 center.

In the event _____ (name) is awarded a scholarship, I understand the center agrees to participate as follows:

- Maintain the program’s Arkansas Child Care license in good standing.
- Pay required **5%** employer portion of tuition & fees each semester for approved courses.
- Pay required **5%** employer portion of books each semester.
- Provide paid release time for the scholarship employee equal to the number of credit hours the employee is taking for the semester, up to a maximum of 96 hours per semester.
- Pay a **\$300** stipend (or provide the minimum required annual pay raise) upon recipient’s successful completion of Pre-K Academy coursework (including internship) and completion of an additional year of employment with your program.

Name of Pre-K Center

Ark Child Care License #

Address

City

County

Zip

Name of Administrator/Principal

Signature of Program Administrator/Principal

Date Signed

T.E.A.C.H. Early Childhood® ARKANSAS
SPONSORING PRE-K CENTER PROFILE
To be completed by the Pre-K Center Administrator or Principal

Center Name _____

Arkansas Child Care License # _____ County _____

Director/Principal's Name _____ Date _____

Director/Principal's E-mail _____

Physical Location Address:

Mailing Address (if different):

_____ Zip _____

_____ Zip _____

Phone () _____

Is the center owned or controlled by another agency/district/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 (NAEYC)?</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 style="text-align: center;">Type of Agency</p> <p><input type="checkbox"/> Public School Pre-K</p> <p><input type="checkbox"/> Educational Cooperative Pre-K</p> <p><input type="checkbox"/> Head Start</p> <p><input type="checkbox"/> For-profit</p> <p><input type="checkbox"/> Non-profit</p> <p><input type="checkbox"/> Other:</p> <p>_____</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)