



— ARKANSAS —

A Program of Arkansas Early Childhood Association

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

### **Early Childhood Pre-K Teacher Academy and 3-4 Pre-K Endorsement 2025-2026**

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](mailto:teach@arkansasearlychildhood.org).

**T.E.A.C.H. Early Childhood® ARKANSAS**  
**2025-2026 Scholarship Application for:**  
 (check one)

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



**ARKANSAS**

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**Date of Application:** \_\_\_\_\_

**Anticipated Date to begin program:** \_\_\_\_\_

**PDR #** \_\_\_\_\_

- Summer I 2025     Summer II 2025     Fall 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**

<b>Name</b>	_____		
<b>Address</b>	_____		
<b>City, St, Zip</b>	_____		
<b>County</b>	_____		
<b>Phone</b>	Home: _____	Mobile (if different): _____	
<b>SSN</b>	_____		
<b>Email</b>	_____		
<b>Birth Date</b>	(mm/dd/yyyy) _____	<b>Sex</b>	<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**

<b>What is your current job title?</b>	<input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher/ Paraprofessional <input type="checkbox"/> Other: _____	
<b>How long have you worked in the field of early childhood?</b>	<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
<b>What age groups do you teach? (check all that apply)</b>	<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

Applicant Name: \_\_\_\_\_

## Information about Your Education, 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:

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

## Select Your Program and School

**This is NOT an application for admission. Applicants must complete a separate admissions process for the selected college and verify that a Pre-K Academy program will be offered. Proof of admission may be required prior to scholarship approval.**

### EARLY CHILDHOOD PRE-K TEACHER ACADEMY – 80% Scholarship

**Applicants must have a bachelor's degree + 18 hours in Early Childhood, complete the Praxis 5024 test with a score of 149 or higher and be employed in a program rated Better Beginnings Level 3 or higher.**

- Arkansas State University Jonesboro  University of Arkansas at Little Rock  
 Henderson State University

*Academy requires completion of an approved internship with a licensed mentor teacher. Applicants must visit with their selected school advisor to verify the required internship can be completed with their current pre-k employer.*

### 3-4 PRE-K LICENSE ENDORSEMENT – 80% Scholarship

**Applicant must possess a valid Arkansas teacher license.**

- Arkansas State University Jonesboro  University of Arkansas Fort Smith

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 **10%** employer portion of tuition & fees each semester for approved courses.
- Pay required **10%** 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 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><b>Better Beginnings Level</b>  <input type="checkbox"/> Currently do not participate  <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><b>Nationally Accredited (NAEYC)?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Do you have a current voucher participation agreement with DHS?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p style="text-align: center;"><b>Type of Agency</b></p> <p><input type="checkbox"/> Public School Pre-K  <input type="checkbox"/> Educational Cooperative Pre-K  <input type="checkbox"/> Head Start  <input type="checkbox"/> For-profit  <input type="checkbox"/> Non-profit  <input type="checkbox"/> Other:          _____</p> <p>License Capacity _____          Currently Enrolled _____</p>
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**Program Funding:**  Head Start  Early Head Start  Arkansas Better Chance  
 (check all that apply)  CCDF PreK  IDEA/Medicaid  Vouchers (Subsidy)