



— ARKANSAS —

A Program of Arkansas Early Childhood Association

TEACH 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 information is completed, mail all forms and documentation to:

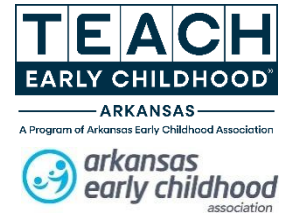
TEACH Early Childhood ARKANSAS
c/o AECA
P.O. Box 4291
Fayetteville, AR 72702

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

Revised March 22, 2025

Applicant Name: _____

TEACH Early Childhood® ARKANSAS
Scholarship Application
For Family Child Care Educators



Date of Application: _____

Are you currently enrolled? ☐ Yes ☐ No
Requested Scholarship Start Date: ☐ Fall ☐ Spring Year _____

Information About You

Name			
Address			
City, St, Zip			
County			
Phone	Home:	Mobile (if different):	
SSN			
Email			
Birth Date	(mm/dd/yyyy)	Sex (This question is optional.)	<input type="checkbox"/> Male <input type="checkbox"/> Female

Race (This section is optional.)

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Middle Eastern/North African |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Two or more races | |

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 2-5 years	<input type="checkbox"/> 6-10 years 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.) Prek (37 mo-5 yrs)	<input type="checkbox"/> School-Age (6+ yrs) I do not work directly with children.	

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

Applicant Name: _____

Information about Your Chosen Education and Career Goals

Describe your current level of education:

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

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 and/or complete all requirements for the CDA
- ☐ Earn an early childhood certificate then continue to an associate degree program
- ☐ Earn an associate degree in early childhood
- ☐ Earn an associate degree in early childhood then continue to a bachelor's program
- ☐ Earn a bachelor's degree in the early childhood field
- ☐ Obtain teacher licensure in the early childhood field
- ☐ Earn a master's degree in the early childhood field
- ☐ Other: _____

Choose the degree program and college you plan to attend.

EARLY CHILDHOOD CERTIFICATE OR NON-DEGREE COURSEWORK

Scholarship: 85% TEACH - 15% Family Child Care Educator

- ☐ Early Childhood Certificate of Proficiency (10-13 hours)
- ☐ Early Childhood Technical Certificate (26-42 hours)
- ☐ Non-Degree Seeking Student (9-18 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 U of A
- ☐ 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

ECE Certificate of Proficiency: Completion of the Certificate of Proficiency counts towards the 120 hours of ECE 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

Applicant Name: _____

ASSOCIATE DEGREE

Scholarship: 85% TEACH – 15% Family Child Care Educator

- ☐ 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 U of A (AAS, Early Childhood Education)
- ☐ Shorter College (Associate of Arts in Childhood Development)
- ☐ South Arkansas College (SEARK) (AAS, Early Childhood Paraprofessional Technology)
- ☐ UA Community College-Batesville (AAS, Early Childhood Education)
- ☐ UA Community College-Morrilton (AAS, Early Childhood Development)
- ☐ UA Fort Smith (AAS, Early Childhood Education)
- ☐ UA Monticello College of Technology (AAS, General Technology w/ ECE Tech Certificate)
Must complete the early childhood certificate with this degree.
- ☐ UA Pulaski Technical College (AAS, Early Childhood Development)

BACHELOR'S DEGREE – PUBLIC COLLEGE/UNIVERSITY

Scholarship: 85% TEACH – 15% Family Child Care Educator

- ☐ Arkansas State University Jonesboro: Bachelor of General Studies
Must also complete two Early Childhood emphasis areas with this degree.
- ☐ Arkansas Tech University: B.S., Organizational Leadership w/ Child Dev concentration
Must complete child development concentration. Degree is only open to directors & owners.
- ☐ Henderson State University: B.S.E, Birth to Kindergarten (ECE-SPED Integrated)
- ☐ University of Arkansas Fayetteville: B.S.H.E.S., Birth through K (ECE-SPED Integrated)
Requires on-campus attendance during the day. Prior approval from TEACH is required.
- ☐ University of Arkansas Fort Smith: Bachelor of Science in Early Childhood Education

MASTER'S DEGREE – PUBLIC COLLEGE/UNIVERSITY

Scholarship: 85% TEACH – 15% Family Child Care Educator

- ☐ Arkansas State University Jonesboro: Master of Science in Early Childhood Services
- ☐ Arkansas State University Jonesboro: MSE in Early Childhood Education
Must hold a current Arkansas teacher license to be admitted to the MSE program.
- ☐ Henderson State University: M.A.T. (Early Childhood/Special Ed Integrated)

OTHER PROGRAMS AT PUBLIC INSTITUTIONS

Scholarship: 85% TEACH – 15% Family Child Care Educator

If you do not see your preferred college or program listed, you may list it here. (Colleges must first be approved by TEACH.) If the degree meets requirements and the school agrees to the payment terms, we will process the scholarship. Approval is not guaranteed and is subject to deadlines and funding availability.

<input type="checkbox"/> _____	
Name of College	Degree Program

Applicant Name: _____

How did you hear about TEACH 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"/> TEACH 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? _____

Are you CPR/First Aid Certified? ☐ YES ☐ NO

Which languages can you speak fluently?

- | | | |
|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Korean | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Lao | <input type="checkbox"/> Tribal: _____ |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Persian | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Creole | <input type="checkbox"/> Polish | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> English | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> French | <input type="checkbox"/> Russian | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Spanish | |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Swahili | |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Tagalog | |

What is your preferred language for learning? _____

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

☐ YES ☐ NO

Your Acknowledgements & Signature

I am applying for a TEACH 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 TEACH 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

TEACH 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	\$ _____
Manipulatives/Loose Parts	\$ _____	Prof Development	\$ _____
Supplies/Materials	\$ _____	Transportation	\$ _____
Other Curriculum	\$ _____	Other:	\$ _____
TOTAL MONTHLY EXPENSES:			\$ _____
MONTHLY REVENUE - (minus) MONTHLY EXPENSES:			\$ _____

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

TEACH reserves the right to require verification of any income information.

Have you applied/been approved for any of the 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: _____

TEACH 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 TEACH 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

Zip

Name of Family Child Care Owner

Signature of Family Child Care Owner

Date Signed

TEACH Early Childhood® ARKANSAS
Child Care Family Home Profile

This form must be completed by the owner of the child care family home.

Family Home_____

License#_____ County_____

Owner's Name _____

E-mail_____

Physical Location Address:

Mailing Address (if different):

_____ Zip_____

_____ Zip_____

Phone ()_____

Better Beginnings Level

Nationally Accredited (NAFCC)?

☐ Yes ☐ No

**Do you have a current voucher
(CCDF) participation
agreement?** ☐ Yes ☐ No

Type of Agency
(check all that apply)

☐ Private For-Profit ☐ Non-profit

License Capacity_____

Currently Enrolled_____

Program Funding:
(check all that apply)

☐ HS/Early Head Start ☐ Arkansas Better Chance
☐ Federal PreK ☐ EIDT/Medicaid ☐ Vouchers