



— ARKANSAS —

A Program of Arkansas Early Childhood Association

TEACH Early Childhood® ARKANSAS Scholarship Application

Early Childhood Pre-K Teacher Academy and ECE Endorsement Programs

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:
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.

TEACH Early Childhood® ARKANSAS**Scholarship Application for:****(check one)**☐ **Early Childhood Pre-K Teacher Academy**☐ **Early Childhood Endorsement****ARKANSAS**

A Program of Arkansas Early Childhood Association

**Date of Application:** _____**Anticipated Date to begin program:** _____**PDR #** _____☐ Summer I☐ Summer II☐ Fall**Year:** _____

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**

Home:

Mobile (if different):

Phone**SSN Email****Birth Date**

(mm/dd/yyyy)

Sex☐ Male☐ Female

(this section is optional)

Race (This section is optional.)☐ White☐ Hispanic/Latino☐ American Indian/Alaskan Native☐ Asian☐ Two or more races☐ Black/African American☐ Native Hawaiian or Pacific Islander☐ Middle Eastern/North African☐ Other**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

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? _____

Pre-K Academy Applicant:

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

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 school advisor to verify required internship can be completed with their current pre-k employer.

EARLY CHILDHOOD ENDORSEMENT – 80% Scholarship

Applicant must hold a valid Arkansas teacher license.

3-4 Pre-K Endorsement: ☐ Ark State University Jonesboro ☐ University of Arkansas Fort Smith

Early Childhood-Special Education Endorsement: ☐ University of Arkansas at Monticello

How did you hear about TEACH 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

| Number | Relationship |
|--------|--------------------------|
| | 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 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
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: _____

TEACH 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 TEACH 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

TEACH 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:

_____ Zip _____

Mailing Address (if different):

_____ 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

Better Beginnings Level

☐ Currently do not participate
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Nationally Accredited (NAEYC)?

☐ Yes ☐ No

Do you have a current voucher participation agreement with DHS?

☐ Yes ☐ No

Type of Agency

☐ Public School Pre-K
☐ Educational Cooperative Pre-K
☐ Head Start
☐ For-profit
☐ Non-profit
☐ Other:

License Capacity _____

Currently Enrolled _____

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