



— 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 verifying residency and prior education will be required after submission.
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](mailto:teach@arkansasearlychildhood.org).

Revised February 19, 2026

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

<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 (This question is optional.)</b> <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"/> Two or more races | <input type="checkbox"/> Other                               |

## Information about Your Current Position

<b>What is your current job title?</b>	<input type="checkbox"/> Family Child Care Owner/Educator <input type="checkbox"/> Family Child Care Assistant Teacher <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"/> Prek (37 mo-5 yrs)	<input type="checkbox"/> School-Age (6+ yrs) <input type="checkbox"/> 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

**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: | <input type="checkbox"/> Master's Degree: |
| <input type="checkbox"/> GED                     | Major: _____                                 | Major: _____                              |
| <input type="checkbox"/> Certificate/Credential: | <input type="checkbox"/> Bachelor's Degree:  | <input type="checkbox"/> Doctorate:       |
| Area: _____                                      | Major: _____                                 | Field of Study: _____                     |

**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

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

**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 Fort Smith: Bachelor of Science in Early Childhood Education

**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

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

**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?** \_\_\_\_\_

**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 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?			\$ _____
<b>TOTAL MONTHLY REVENUE:</b>			\$ _____
MONTHLY EXPENSES			
<b>How much did you spend on the following in your family child care home program last month?</b>			
Food	\$ _____	Assistant/Substitute	\$ _____
Manipulatives/Loose Parts	\$ _____	Prof Development	\$ _____
Supplies/Materials	\$ _____	Transportation	\$ _____
Other Curriculum	\$ _____	Other:	\$ _____
<b>TOTAL MONTHLY EXPENSES:</b>			\$ _____
<b>MONTHLY REVENUE - (minus) MONTHLY EXPENSES:</b>			\$ _____

**Do you have a second job?**  Yes  No If yes, complete the information below:

Employer: \_\_\_\_\_

Hours/Week \_\_\_\_\_ Gross Earnings: \$ \_\_\_\_\_

How often are you paid?  Weekly  Biweekly  Twice monthly  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) _____

Note: Acceptance of Student Loans without approval from TEACH will result in reduction of scholarship to release time and incentive only.

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**  
**SPONSORING FAMILY CHILD CARE HOME PROFILE**  
To be completed by the Family Child Care Home Owner

Family Child Care Home \_\_\_\_\_

License # \_\_\_\_\_ County \_\_\_\_\_

Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Physical Location Address:**

**Mailing Address (if different):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

**Is the FCCH managed or owned by another agency/organization?**  Yes  No  
**If yes, please provide the following information for the owner organization:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_

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

**Nationally Accredited (NAFCC)?**  
 Yes  No

**Do you have a current voucher participation agreement with DHS?**  Yes  No

**Type of Agency**  
(check all that apply)

Private For-Profit     Non-profit  
 Sole Proprietorship  
 Partnership     Corporation  
 Faith-based     State Pre-K

License Capacity \_\_\_\_\_

Currently Enrolled \_\_\_\_\_

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