



# TEACH Graduate Retention Incentive Application

## Personal Information

Date of application	Date of Birth (mm-dd-yyyy)	Social Security Number		
Name (first, middle initial, and last)		Email Address		
Mailing address (street, city, state, and zip)				
Home phone	Cell phone	Other last name(s) used (if applicable)		
Race (optional) <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/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			Sex (optional) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name of Current Employer		License #	Current Hourly Wage:	
Is this employer your original TEACH sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, when was your last day with the original employer?		
Current Position: <input type="checkbox"/> Teacher/Lead Teacher <input type="checkbox"/> Assistant Teacher/Para <input type="checkbox"/> Director/Assistant Director <input type="checkbox"/> Substitute/Floater <input type="checkbox"/> Family Child Care Educator <input type="checkbox"/> Other: _____				

## List all education and indicate if you participated in TEACH for each program.

Include a copy of your diploma or transcript showing degree and date awarded if you have not already sent it to the TEACH office.

Check all degrees earned	Name of Degree	College/University	Semester and Year Awarded	Did you use TEACH?
<input type="checkbox"/> Master's Degree				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Bachelor's Degree				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Associate Degree				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> ECE Certificate				<input type="checkbox"/> Yes <input type="checkbox"/> No

Any changes in contact information or employment status must be reported to the TEACH office immediately. Any incentive paid because of an applicant or employer failing to report a change in eligibility must be repaid by the graduate. Retention incentives will be issued by check and mailed to the address listed on this application. Participants must notify us of **any** change in contact information immediately to avoid delays or interruptions in stipend payments. If AECA stops payment and must reissue a check due to a failure to report an address change, the amount of the bank charge will be deducted from the reissued stipend. Email changes to [teach@arkansasearlychildhood.org](mailto:teach@arkansasearlychildhood.org).

## Acknowledgement and Signature

Read carefully before signing.

By signing, I attest that the information provided on this application and submitted documentation is true to the best of my knowledge. I am requesting to be considered for the TEACH Graduate Retention Incentive program and understand that:

- ... I must continue to meet the eligibility requirements of the program to receive ongoing payments.
- ... My contact and participation information must be verified by third parties, including my employer and schools attended. I authorize and consent to the release and sharing of such information by AECA/TEACH Early Childhood ARKANSAS to third parties described. I hereby release AECA/TEACH Early Childhood ARKANSAS from any liability or damages that may result from the release or sharing of such information, including inaccuracies, errors or omissions.
- ... Retention incentives are considered income and I am responsible for all taxes due.
- ... Any payment made in error for any reason must be repaid to AECA/TEACH Early Childhood ARKANSAS.
- ... Any financial obligations to AECA/TEACH Early Childhood ARKANSAS may be deducted from future incentives.
- ... Continuation of this program is contingent on available funding and AECA/TEACH Early Childhood ARKANSAS may discontinue the program at any time for any reason.

Applicant's Signature \_\_\_\_\_

 SIGN HERE

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

## Next Steps

Give the employer verification page to your employer (director/owner) to complete. Application will not be accepted without this page.

Scan and email all pages of the application and any supporting documentation to: [teach@arkansasearlychildhood.org](mailto:teach@arkansasearlychildhood.org)

You may also mail your completed application and required documents to:  
AECA/TEACH Early Childhood® ARKANSAS, P O Box 4291, Fayetteville, AR 72702

## TEACH Graduate Retention Incentive – Employer Verification

Name of Employee
------------------

Dear Employer: The TEACH scholarship graduate named above has applied to receive ongoing retention incentives from TEACH. Participation requires verification of employment in an early childhood program. The information below must be completed and signed by the child care director or owner/HR official (required for director applications) authorized to provide employment verifications. A signature attesting to the truthfulness and validity of the information is required. Applications will not be processed without this page.

Facility License #	Child Care Program Name		
Child Care Program’s Mailing Address			Director/Owner’s Phone
Name of Director/Owner		Director/Owner’s Email Address	
Employee’s Position: <input type="checkbox"/> Director <input type="checkbox"/> Assistant Director <input type="checkbox"/> Teacher/Lead Teacher <input type="checkbox"/> Assistant Teacher/Para <input type="checkbox"/> Family Child Care Educator <input type="checkbox"/> Other: _____			
Employee’s Start Date (mm-dd-yyyy)		What age(s) does the employee work with? Check all that apply. <input type="checkbox"/> Infants <input type="checkbox"/> Toddler <input type="checkbox"/> Pre-K <input type="checkbox"/> School-age <input type="checkbox"/> Administration (does not work directly with children)	
Gross Salary per Pay Period OR Current Hourly Rate:		Average Total Hours Employee Works Per Week:	
How often is the employee paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (every 2 weeks) <input type="checkbox"/> Twice monthly <input type="checkbox"/> Monthly (9-10 months) <input type="checkbox"/> Monthly (12 months)		How many months per year does the employee work? <input type="checkbox"/> 9 months <input type="checkbox"/> 10 months <input type="checkbox"/> 12 months <input type="checkbox"/> Only as needed	

My signature below indicates my agreement to provide AECA/TEACH Early Childhood® ARKANSAS with information on TEACH scholarship graduates who are employed by my program and have applied to receive a retention incentive. I understand I must verify information semi-annually and include dates of employment, employee’s position, age level of children in employee’s care, the employee’s current salary or hourly pay rate and the average number of hours worked each week. I understand that the TEACH retention incentive may not replace any regular raises or cost of living adjustments provided to other employees.

I certify that I am authorized to provide employment verification on behalf of the child care program above and that all information provided on this form and on future verifications is/will be true and accurate to the best of my knowledge. I understand that any failure to be completely truthful on this application or any future verification that results in a payment made to an ineligible recipient will be considered a misuse of federal funds and will be reported to appropriate authorities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Director, owner, or HR official authorized to provide employment verification)*

Printed name: \_\_\_\_\_ Position: \_\_\_\_\_