



— 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 verifying residency and education will be required after initial submission. Any incomplete application will not be processed.
3. Sign and date every place where indicated.
4. 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>.
5. 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
6. 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

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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	<input type="checkbox"/> Male <input type="checkbox"/> Female (this section is optional)

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

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 5533 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 first-time 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 Early Childhood 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 and complete the Praxis 5533 with a score of 143 or higher. Licensure requires completion of a one-year internship with a licensed teacher. Applicants must talk to the college's academy director to confirm their employer meets these conditions.

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

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: _____

How did you hear about TEACH Early Childhood® ARKANSAS?

- Presentation My Center Director AECA Website Mailing
 TEACH Recipient My 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 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:

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>Better Beginnings Level</p> <p><input type="checkbox"/> Currently do not participate</p> <p><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>Nationally Accredited (NAEYC)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a current voucher participation agreement with DHS?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p style="text-align: center;">Type of Agency</p> <p><input type="checkbox"/> Public School Pre-K</p> <p><input type="checkbox"/> Educational Cooperative Pre-K</p> <p><input type="checkbox"/> Head Start</p> <p><input type="checkbox"/> For-profit</p> <p><input type="checkbox"/> Non-profit</p> <p><input type="checkbox"/> Other:</p> <p>_____</p> <p>License Capacity _____</p> <p>Currently Enrolled _____</p>

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