

**T.E.A.C.H. EARLY CHILDHOOD® SOUTH CAROLINA  
SCHOLARSHIP APPLICATION**

**Return application with requested information to:**  
Center for Child Care Career Development ♦ PO Box 5616 Greenville, SC 29606-5616  
Toll Free 1-866-845-1555 ♦ Office 864-250-8581 ♦ Fax : 864-250-8680

**Date:** \_\_\_\_\_

1. **Social Security Number:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_  
                    **First**                                    **Middle Initial**                                    **Last**

3. **Mailing Address:** \_\_\_\_\_ **Apt Number:** \_\_\_\_\_

**City** \_\_\_\_\_ **State:** SC **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

4. **Phone:** Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
                                    Area code + 7 digits                                    Area code + 7 digits

5. **Date of Birth:** \_\_\_\_\_ **6. Gender** (Select only one.)  Female  Male  
                                    Month/Day/Year

7. **What is your job title?** (Select only ONE.)  
 Administrator  Owner  Director  Assistant director  Teacher  Assistant teacher  Floater

8. **What age group(s) do you teach?** (Select all that apply.)  
 0-11 months  1yr olds  2yr olds  3yr olds  4yr olds  Preschool  School Age  Administration

9. **Beginning date of employment in current work place.** \_\_\_\_\_  
  **Month/Day/Year are REQUIRED**

10. **Family Structure**  
How many people live in your household including yourself? \_\_\_\_\_  
(Select only ONE.)  
 Single, No children  Married, No children  Single Parent or Grandparent  Married Parent or Grandparent

11. **Ethnicity:** (Select only ONE.)  
 American Indian  Asian/Pacific Islander  Multi-racial  Black/African-American  
 Hispanic/Latino/Latina  White/European-American  Other \_\_\_\_\_

12. **How did you find out about the T.E.A.C.H. EARLY CHILDHOOD® Project?** (Select only ONE.)  
 ABC  Head Start  
 Center Director  Office of First Steps to School Readiness  
 Center for Child Care Career Development  Presentation  
 College/University Staff  Resource & Referral  
 County First Steps Partnership  Success By Six  
 DSS  Other \_\_\_\_\_

13. **Educational Experience:** (Select your highest level of education ONLY.)  
 Some High School  High School Diploma/ GED  Credits not toward a 2-year degree  Credits toward a 2-year degree  
 AA/AS Degree in: \_\_\_\_\_  
 BA/BS Degree in: \_\_\_\_\_  
 MA/MS Degree in: \_\_\_\_\_

14. **\*\*SELECT ONLY ONE\*\***

**What scholarship are you CURRENTLY APPLYING FOR?**

- South Carolina Early Childhood Credential (ECD 101 ONLY)       South Carolina School- Age Credential (SAC 101 ONLY)
  - Associate Degree in Early Care and Education (AA)  
(Includes 3-6 hours of weekly paid release time for teachers and family/group providers)
  - Bachelor Degree in Early Care and Education (BA/BS)  
(Includes 3-6 hours of weekly paid release time for teachers and family/group providers)

15. **Select the technical college/community you plan to attend: (ECD 101, SAC 101, and Associate Degree only)**

- |  |   |
|--|---|
| <input type="checkbox"/> Aiken Technical College               | <input type="checkbox"/> Orangeburg-Calhoun Technical College |
| <input type="checkbox"/> Central Carolina Technical College    | <input type="checkbox"/> Piedmont Technical College           |
| <input type="checkbox"/> Denmark Technical College             | <input type="checkbox"/> Spartanburg Community College        |
| <input type="checkbox"/> Florence-Darlington Technical College | <input type="checkbox"/> Technical College of the Lowcountry  |
| <input type="checkbox"/> Greenville Technical College          | <input type="checkbox"/> Tri-County Technical College         |
| <input type="checkbox"/> Horry-Georgetown Technical College    | <input type="checkbox"/> Trident Technical College            |
| <input type="checkbox"/> Midlands Technical College            | <input type="checkbox"/> Williamsburg Technical College       |
| <input type="checkbox"/> Northeastern Technical College        | <input type="checkbox"/> York Technical College               |

**FOR BACHELOR DEGREE STUDENTS ONLY. What is the name of the institution you plan to attend?**

**\*\*\*Please call 1-866-845-1555 for a current list of participating Universities/Colleges.\*\*\***

Name of Participating Institution: \_\_\_\_\_

16. **When do you plan to begin attending class?**      Spring      Summer      Fall      Year \_\_\_\_\_

17. **Applicant Agreement Statement: (Select only ONE.)**

As a **TEACHER** or **DIRECTOR AS AN EMPLOYEE**, I am aware that I must pay 10% of the cost of tuition and books.  
(If applying for the Bachelor Degree you must read and initial the three statements in section B of page 4.  
Your application will NOT be processed until these have been initialed.)

**OR**

As an **OWNER-DIRECTOR**, I am aware that I must pay 20% of the cost of tuition and books.

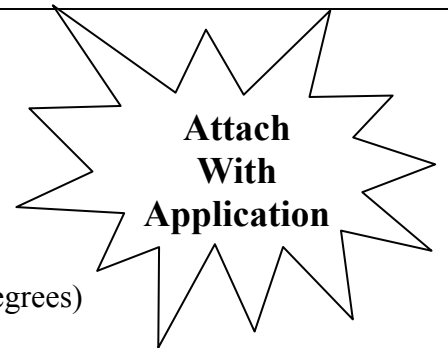
**OR**

As a **FAMILY/GROUP PROVIDER**, I am aware that I must pay 20% of the cost of tuition and books.  
(Please sign below, fill out section A of page 3 and section A of page 4.)

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

The following items are **REQUIRED** to process your application:

- Proof of income:** (ALL Scholarship Models)
  - Pay stub showing weekly hours **and** rate of pay  
or
  - Letter from director stating weekly hours **and** rate of pay
- Proof that you have applied for financial aid** (Associate and Bachelor Degrees)
  - Award letter or confirmation statement
  - Apply at [www.fafsa.ed.gov](http://www.fafsa.ed.gov)



- The following additional items are **REQUIRED** for **Bachelor Degree applicants only:**
  - Admission letter from the participating university
  - Transcript verifying successful completion of 55 transferable hours
  - Transcript evaluation that indicates the number of transfer credits the college/university is accepting

## Section A

### TO BE FILLED OUT BY FACILITY OWNER/DIRECTOR/REGIONAL SUPERVISOR

#### 18. Employment Information:

DSS License/Registration Number: \_\_\_\_\_ Center Type:  Profit  Nonprofit  Head Start  Family  Group

Center Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/PO Box City State Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

#### 19. Is your child care program managed by another organization? Yes No If yes please provide us with the contact information.

Organization Name/Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/PO Box City State Zip

## Section B

### CENTER AGREEMENT STATEMENT: (SELECT ONLY ONE OPTION.)

**OPTION 1**



For a **TEACHER** or **DIRECTOR AS AN EMPLOYEE** applying for the **SOUTH CAROLINA EARLY CHILDHOOD CREDENTIAL (ECD 101 ONLY)** or the **SOUTH CAROLINA SCHOOL AGE CREDENTIAL (SAC 101 ONLY)** the center is responsible for paying 10% of the cost and tuition and textbooks.

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For a **TEACHER** applying for the **ASSOCIATE (AA) OR BACHELOR (BA/BS) DEGREE**, the center is responsible for paying 10% of the cost of tuition and textbooks, provide weekly release time (1 credit hour is equal to 1 hour of release time with a maximum of 6 hours of release time a week), and agrees to compensate the recipient in one of the following ways:

**OPTION 2**



**Select one Option for a TEACHER applying for the AA or BA/BS Degree:**

*Note: Raises or bonuses are given on a yearly basis upon the completion of a minimum of 9 credit hours.*

*Note: For students applying for the BA/BS degree the center director/owner/regional supervisor must sign section C of page 4.*

Salary Raise (2% or AA or 4% for BA/BS) **OR**  Bonus (\$300 for AA or \$600 for BA/BS)

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For a **DIRECTOR AS AN EMPLOYEE** applying for the **Associate (AA) or Bachelor (BA/BS) Degree**, the center is responsible for paying 10% of the cost of tuition and textbooks and agrees to compensate the recipient in one of the following ways:

**OPTION 3**



**Select one Option for a DIRECTOR applying for the AA or BA/BS Degree:**

*Note: Raises or bonuses are given on a yearly basis upon the completion of a minimum of 9 credit hours.*

Salary Raise (2% or AA or 4% for BA/BS) **OR**  Bonus (\$300 for AA or \$600 for BA/BS)

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Signature of Owner/Director/Regional Supervisor

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Printed Name

**SECTION A**

**Family/Group Provider Income Worksheet**

Instructions: This sheet is to help you determine your monthly earnings from your family/group child care home. Base your answers on last month's receipts. **\*Attach receipts to verify income.**

1.\* **What is the total amount paid to you by parents each week?** \_\_\_\_\_

2. **Total Monthly Parent Fees**  
*(Line 1 X 4.33 = Monthly Fees)* \_\_\_\_\_

3.\* **How much was your Child & Adult Care Food Program Reimbursement?** \_\_\_\_\_

4. \* **How much was the DSS or ABC Child Care Program Subsidy for children in your care?** \_\_\_\_\_

5. **Total Monthly Revenue**  
*(Add lines 2, 3, and 4)* \_\_\_\_\_

6. **How many hours do you work per week?** \_\_\_\_\_

**How much did you spend for children in your child care home last month?** Expense can include, but are not limited to, food, toys, assistance/substitute care, crafts/supplies, transportation, training fees, gifts for children and families, etc. You are NOT required to submit receipts.

7. **Total Monthly Expenses** \_\_\_\_\_

**Revenue** - **Expenses** = **Monthly Earnings**  
*(Line 5)* *(Line 7)*

**Remember, you must include verification of your income such as copies of receipts from each of the children in your care or a statement detailing your weekly rate and number of children you serve.**

***PLEASE ATTACH VERIFICATION OF INCOME SUCH AS COPIES OF RECEIPTS FROM EACH OF THE CHILDREN IN YOUR CARE OR A STATEMENT DETAILING YOUR WEEKLY RATE AND NUMBER OF CHILDREN YOU SERVE.***

**SECTION B**

**BACHELOR DEGREE STUDENTS ONLY  
Student Teaching Agreement**

I, the aforementioned applicant, understand that during the course of my contract, when student teaching is performed, I am required to remain employed with my sponsoring child care program for a minimum of 10 hours per week. I will continue to work at my sponsoring center for six months and in the early childhood field for an additional year.

\_\_\_\_\_ (Applicant's initials)

I, the aforementioned applicant, also understand during my student teaching requirement I will not be required to pay a percentage of my tuition and textbooks, as long as I attend my field placement regularly and complete the requirements set forth by the University/College. Failure on my part may require repayment for the total cost of tuition.

\_\_\_\_\_ (Applicant's initials)

I, the aforementioned applicant, also understand during my student teaching requirement, the Center for Child Care Career Development will be providing me with a living stipend. Failure to complete my student requirements may result in repayment of these funds.

\_\_\_\_\_ (Applicant's initials)

**SECTION C**

**Center Agreement Statements**

In the event that the aforementioned applicant, is awarded a scholarship for student teaching, I understand the center agrees to participate in the following ways:

- Understands the applicant will agree to remain employed for 10 hours per week during the student teaching semester.
- Complete and return claim forms for reimbursement of substitute care during the student semester by the due date.
- Notify the CCCCD within 10 days of any changes in the scholarship recipient's employment status.
- Provide the CCCCD with demographic information about the center to satisfy reporting requirements to granting agencies.
- Submit all term claims within 30 days after the close of the student teaching semester.

\_\_\_\_\_  
**Signature of Owner/Director/Regional Supervisor**

***Center for Child Care Career Development  
PO Box 5616 Greenville, SC 29606-5616  
Toll Free Number 1-866-845-1555  
Phone 864-250-8581***

***Application May Be Photocopied***