



Which languages can you speak fluently?

- |                                   |                                   |                                     |  |
|-----------------------------------|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Arabic   | <input type="checkbox"/> Greek    | <input type="checkbox"/> Polish     | <input type="checkbox"/> Thai          |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Hindi    | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Tribal: _____ |
| <input type="checkbox"/> Chinese  | <input type="checkbox"/> Japanese | <input type="checkbox"/> Russian    | <input type="checkbox"/> Urdu          |
| <input type="checkbox"/> Creole   | <input type="checkbox"/> Korean   | <input type="checkbox"/> Spanish    | <input type="checkbox"/> Vietnamese    |
| <input type="checkbox"/> English  | <input type="checkbox"/> Lao      | <input type="checkbox"/> Swahili    | <input type="checkbox"/> Yidish        |
| <input type="checkbox"/> French   | <input type="checkbox"/> Persian  | <input type="checkbox"/> Tagalong   | <input type="checkbox"/> Other: _____  |

What is your preferred language for learning, if other than English? \_\_\_\_\_

Have you taken any college courses in the past two years?  Yes  No

Have you taken any ECE college credits in the past two years?  Yes  No If Yes, how many? \_\_\_\_\_

Have either of 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

**The above information is used for demographic purposes only**

## 2. Professional Experience and Goals

Which of the following credentials/specializations do you currently hold?

- CDA: Infant/Toddler  CDA: Family Child Care Home  Specialization: Bi-Lingual (Language: \_\_\_\_\_)  
 CDA: Preschool  CDA: Home Visitor  State Issued Credential  Post BS (State Teaching License)

Are you CPR/First Aid Certified?  Yes  No

How long have you worked in the early childhood education field?

- Less than 2 Years  6-10 Years  
 2-5 Years  10+ Years

Please check the box that best describes your educational history:

- No high school diploma  Associate Degree (Major: \_\_\_\_\_)  Doctorate  
 High school diploma/GED  Bachelor Degree (Major: \_\_\_\_\_)  
 1-year certificate  Master Degree (Major: \_\_\_\_\_)

Please check one that best describes your educational goal:

- Earn an Early Childhood or School-Age Credential  
 Take a few early childhood courses to obtain or upgrade job-related skills  
 Earn an Early Childhood, Infant/Toddler or School-Age Certificate  
 Earn an Early Childhood Associate Degree  
 Earn an Early Childhood Associate Degree and transfer to a four-year college/university to earn Bachelor's Degree  
 Earn an Early Childhood Bachelor's Degree

### 3. Employment Status

Program License Number: \_\_\_\_\_ Program Name: \_\_\_\_\_

Start date of employment at current program: \_\_\_\_\_

What is your current job title? (check only one)	<input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher	<i>*If you are a Knowledge Universe administrator interested in applying for the scholarship please complete the College Credit Application</i>
What age groups do you teach? (please check all that apply)	<input type="checkbox"/> Infants (0-12 Months) <input type="checkbox"/> Toddler (13-36 Months)	<input type="checkbox"/> Preschool (37 Months – Pre-K) <input type="checkbox"/> School-Age

What is your current hourly wage? \_\_\_\_\_

How many hours per week \_\_\_\_\_ (0-60) and months per year \_\_\_\_\_ (0-12) do you work?

Average daily number of children in your classroom \_\_\_\_\_

### 4. Professional Registry

Your OPIN Number (from the Ohio Professional Registry): \_\_\_\_\_

If you do not remember your OPIN, use this link to login to your registry account and view your OPIN:

<https://registry.occrra.org/user/login>

If you are not yet in the Registry, use this link for instructions to start using the Registry:

<https://registry.occrra.org/user/register>

Completing steps 1, 2 and 3 will let you view your OPIN on your Profile Summary page.

### 5. Statement of Income

Job #1 Employer \_\_\_\_\_  
Hours/Week \_\_\_\_\_ Earnings \_\_\_\_\_ per \_\_\_\_\_ (wk./month/yr.)

Job #2 Employer \_\_\_\_\_  
Hours/Week \_\_\_\_\_ Earnings \_\_\_\_\_ per \_\_\_\_\_ (wk./month/yr.)

YOUR TOTAL INCOME \$ \_\_\_\_\_

YOUR TOTAL FAMILY INCOME (your spouse's included) \$ \_\_\_\_\_

*Please attach a copy of your most recent pay stub(s)*

### 5. Financial Aid

Have you applied for any other financial aid\* (such as Pell Grants or student loans)?

YES  NO

**\*It is a requirement that all college scholarship applicants apply for financial aid: [www.fafsa.ed.gov](http://www.fafsa.ed.gov). Proof of such must accompany this application. The form is known as the "FAFSA on the Web Submission Confirmation."**

Source of financial aid #1 \_\_\_\_\_ Date of Application \_\_\_\_\_  
Status:  AWARDED  DENIED  PENDING

Source of financial aid #2 \_\_\_\_\_ Date of Application \_\_\_\_\_  
Status:  AWARDED  DENIED  PENDING

## 6. Additional Program Information

Director/Administrator/Owner Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Program Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Program Phone: \_\_\_\_\_ Program Fax: \_\_\_\_\_

Program Email: \_\_\_\_\_

Program Mailing Address, <i>if Different Than Above:</i>	Program Billing Address, <i>if Different Than Above:</i>
Street: _____	Street: _____
City: _____ Zip Code: _____	City: _____ Zip Code: _____
Phone: (    ) _____	Phone (    ) _____
Fax: (    ) _____	Fax: (    ) _____

Type of Program:       Head Start     For profit     Not for profit     Public School

Step Up To Quality Rating:  One Star     Two Star     Three Star     Four Star     Five Star     Not SUTQ rated

Is your program accredited?  Yes     No    If yes, by whom? \_\_\_\_\_

Part-day Program?     No     Yes (check one)    If yes, hours per day children are in care? \_\_\_\_\_

# of children currently enrolled: \_\_\_\_\_      # of children on state subsidy: \_\_\_\_\_

**Please check all forms of funding your facility receives (check all that apply):**

- Head Start       State Pre-K       Title I       State Subsidies: Contracts       Tuition Only  
 Early Head Start       IDEA       State Subsidies: Vouchers

**Program Staff:**

# of full-time staff \_\_\_\_\_      # of part-time staff (work less than 40 hours per week): \_\_\_\_\_

# of staff that work less than 12 months per year: \_\_\_\_\_

## 7. Statement and Signature of Recipient

I, \_\_\_\_\_(applicant's name) attest that the information provided on this application and the supporting documentation is true to the best of my knowledge. I understand that the social security number provided is my correct tax identification number and I am a US citizen. I understand that falsifying application information or documentation or the failure to comply with documentation requirements may result in the inability to be a participant in this program. If my participation is terminated due to my failure to comply with documentation requirements, I understand that my employer may be notified along with the program funder. If for any reason the scholarship money is issued incorrectly as a result of false information provided by me, I acknowledge that I will be required to reimburse T.E.A.C.H. Early Childhood® OHIO for the monetary support that was received in error. Based on this information, I am applying for a scholarship from T.E.A.C.H. Early Childhood® OHIO to help pay the cost of early childhood education expenses.

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Signature of Recipient

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Date

## 7. College/University Information

Are you currently enrolled at a community college or University? Yes No

Which community college or University would you like to attend?: \_\_\_\_\_ Campus: \_\_\_\_\_

Have you been through the admissions process at the school listed above? Yes No

Planned first term? Fall Summer Spring \_\_\_\_\_(year)

## 8. Participation Agreement

### Scholarship Recipient agrees to:

- Pay 10% of the cost of tuition, after all other financial aid award(s) have been applied, for approved courses enrolled in during the contract year.
- Pay 10% of book costs.
- Commit to employment at your Knowledge Universe program for one additional year upon successful completion of the 9-15 semester hours.

### Knowledge Universe agrees to:

- Pay 20% of the cost of tuition for each approved course the scholarship employee is enrolled in, up to a maximum of 15 semester hours during the contract period.
- Provide paid release time to the scholarship employee that is equivalent to the number of semester hours of the course(s) being taken, with a maximum of three hours of release time per week each week that classes are in session. **Note: Employees that are not part of the staffing ratio in the classroom are not eligible for Release Time.**
- At the end of the contract year, provide a \$350 bonus to the scholarship employee

\_\_\_\_\_  
Signature of Recipient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of District Manager

\_\_\_\_\_  
Date

Print name of program: \_\_\_\_\_

**T.E.A.C.H. Early Childhood® Ohio**  
**Checklist of Attachments**

In order for us to process your scholarship application, please send the following items to:

Ohio Child Care Resource and Referral Association  
**T.E.A.C.H. Early Childhood® Ohio**  
2760 Airport Drive, Suite 160  
Columbus, Ohio 43219  
Fax: 614-396-5960

- T.E.A.C.H. Application
- Copy of recent paycheck stub
- Documentation of FASFA application ([www.fasfa.ed.gov](http://www.fasfa.ed.gov))
- Copy of program license

Use this link to see what comes next in the application process  
[http://teach.occrra.org/documents/whats\\_next.pdf](http://teach.occrra.org/documents/whats_next.pdf)

Please contact us if you have any questions:  
Phone: 877-547-6978 (toll free) or 614-396-5959 (local)  
Email: [teach@occrra.org](mailto:teach@occrra.org)