Jump-Start/Final Step Scholarship Application Checklist
Family Home Provider

Please submit all of the following information with your completed application.

☐ **Complete application** (all sections completed)

☐ **Copy of family child care home registration certificate**

☐ **Copy of all college/university transcripts**

☐ **Proof of enrollment or acceptance at a participating WV 2 or 4 year college or university**
(letter of admission or current transcript)

☐ **Statement of income completed** (p. 5 of application)

☐ **Family child care participation agreement completed and signed** (pp. 4 of application)

☐ **Scholarship/grant award letter** (if applicable)

☐ **Proof of applying for FAFSA** (Free Application for Federal Student Aid). The confirmation page may be printed when applying online. Visit: www.fafsa.ed.gov

For assistance with completing the application, contact:
T.E.A.C.H. Early Childhood® WV/River Valley Child Development Services
Phone: 304-529-7603
Fax: 304-529-2535 attn: T.E.A.C.H.
E-mail: teachwv@rvcds.org
www.wvearlychildhood.org

T.E.A.C.H. Early Childhood® WEST VIRGINIA is a licensed program of Child Care Services Association.

Return Completed Application to:
T.E.A.C.H. WV
611 7th Ave, Suite 322
Huntington WV 25701

T.E.A.C.H. Early Childhood® WEST VIRGINIA
Jump-Start/Final Step Scholarship Application
for Family Home Providers

Date: _____

Name	
Address	
City, State, Zip	
County	
Phone Number	Home: Work:
SSN	
Email	
Date of Birth	(mm/dd/yyyy)
Gender	

Employment Status

What is your current job title?	☐ Teacher ☐ Assistant Teacher ☐ Administrator	☐ Family Based Professional ☐ Non-Teaching Professional Staff ☐ Non-Teaching Support Staff
What age groups do you teach? *(please check all that apply)*	☐ Infants (0-12 Months) ☐ Toddler (13-36 Months)	☐ Preschool (37 Months – PreK) ☐ School Age

How many children are in your classroom or child care home? _____
How many hours per week do you work? _____
How many months per year do you work? _____
Beginning date of employment at current facility? _____
What is your current hourly wage? _____

How long have you worked in the field of early childhood?	☐ Less than 2 Years ☐ 2-5 Years	☐ 6-10 Years ☐ 10+ Years

Ethnicity

Are you of Hispanic, Latino or Spanish origin?

☐ No
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Other Hispanic, Latino or Spanish

Do you consider yourself….?

☐ White
☐ Black, African Am. Or Negro
☐ American Indian or Alaska Native
☐ Asian Indian
☐ Japanese
☐ Native Hawaiian
☐ Chinese
☐ Korean
☐ Guamanian or Chamorro
☐ Filipino
☐ Vietnamese
☐ Samoan
☐ Other Asian: _____
☐ Other Pacific Islanders: _____
☐ Other race: _____

How did you hear about the T.E.A.C.H. Early Childhood® Project?

☐ Presentation
☐ Mailing
☐ CCR&R Agency
☐ College
☐ My Center Director
☐ T.E.A.C.H. Recipient
☐ Workshop
☐ Website
☐ Other (please specify): _____

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Please check the box that best describes your educational history:

☐ No high school diploma
☐ High school diploma/GED
☐ 1-year certificate
☐ ACDS certificate
☐ Associate Degree (Major: _____)
☐ Bachelor Degree (Major: _____)
☐ Masters (Major: _____)
☐ Doctorate

Please check one that best describes your educational goals:

☐ 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 a Bachelor's Degree
☐ Earn a Bachelor's Degree

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

When would you like your scholarship to begin? ☐ FALL ☐ SPRING ☐ SUMMER _____(year)

Which Community College or university would you like to attend? _____

Statement of Income

Job #1 Employer _____
Hours/Week _____ Earnings _____ per _____
Job #2 Employer _____
Hours/Week _____ Earnings _____ per _____

Have you applied for any other financial aid (such as Pell Grants, Smart Start Grants or student loans)?
☐ YES ☐ NO

Source of financial aid #1 _____
Date of application _____ Application Status: ☐ AWARDED ☐ DENIED ☐ PENDING
Source of financial aid #2 _____
Date of application _____ Application Status: ☐ AWARDED ☐ DENIED ☐ PENDING

YOUR TOTAL INCOME $_____
YOUR TOTAL FAMILY INCOME (your spouse included) $_____

STATEMENT & SIGNATURE OF APPLICANT

I attest to the fact that the information that I have provided is true and accurate. Based on this information I am applying to River Valley Child Development Services for a scholarship to help pay the cost of educational expenses.

_____ _____
Signature of Applicant Date

PLEASE ATTACH A COPY OF YOUR MOST RECENT PAY STUB HERE

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Program Participation Agreement

The T.E.A.C.H. Early Childhood® Jump-Start/Final Step scholarship program for Family Child Care Homes offered through River Valley Child Development Services requires the participation of each scholarship recipient's employing child care center/Pre-K/Head Start program/family facility. In the event that I am awarded a scholarship, I agree to the following participation requirements:

1. Pay 20% of the cost of tuition and 10% of book costs for 3-8 credit hours at a participating 2 or 4 year college/university.

2. Complete 3-8 credit hours by the end of the scholarship contract (12 month period).

3. Continue operation of my family child care home for 6 months after completion of the course requirements/scholarship contract.

Program Name	
Program Type	□ Center □ Facility □ Head Start □ Pre-K
Address	
City, State, Zip	
County	
Phone Number	Home: Work:
Program Email	
Director Name	
License Number	Expiration Date:
Tax ID Number	

Please check all forms of funding your facility receives:

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

FOR ALL PROGRAMS

Number of children served _____

Center Auspice	☐ Profit	☐ Nonprofit	☐ Head Start
Is your center accredited?	☐ Yes	☐ No	

If yes, by whom? _____

Signature of Director/Owner: _____ Date: _____

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Family Child Care Provider Monthly Income Worksheet

Instructions: This sheet is to help you determine your monthly earnings from your family child care home. For each question use the amount you made or spent last month. Special instructions are in italics.

INCOME

1	What is the total amount paid to you by parents each week? **(Verification Required)**	
2	Multiply by 4.33 (number of weeks per month) TOTAL MONTHLY PARENT FEES	
3	How much was your last month's DHHR Child Care Subsidy for children in your care? (**Verification Required**)	
4	How much was your last month's Child & Adult Care Food Program (CACFP) Reimbursement? (**Verification Required**)	
5	*Add Lines 2, 3, 4* **TOTAL MONTHLY REVENUE**	

EXPENSES

How much did you spend for the children in your child care home last month on?

6	Food	
7	Toys	
8	Assistant/Substitute Care	
9	Crafts/Supplies	
10	Transportation ($0.32 per mile)	
11	Training Fees	
12	Other (Specify)	
13	Add lines 6-12	
14	Monthly Income (Line 5)	
15	Subtract Monthly Expenses (Line 13)	
16	**Monthly Earnings** (Monthly income minus monthly expenses) *Use this figure for "Earnings Job # 1: Page 3 of Application"*	

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