



T.E.A.C.H. Early Childhood® MINNESOTA

Information Update and Reapplication Form

Complete this form and submit the required documentation in order to close your current contract and receive your bonus (if eligible). If you would like to reapply for another year also fill out Page 3 and submit all the required documentation for renewal.

Required documents to close your contract (if you are NOT reapplying):

- Completed Information Update and Reapplication Form **(Page 2 of this document only)**
- An unofficial transcript for the most recent school year
- A recent paystub or schedule C (center and family child care providers only)

Required documents to apply for another scholarship:

- Completed Information Update and Reapplication Form **(this entire document, Pages 2-3)**
- Signed participation agreement (available on the T.E.A.C.H. website)
- Financial aid award/denial letter or FAFSA application confirmation page
- College acceptance letter or unofficial transcript from the most recent school year
- A recent paystub or schedule C (center and family child care providers only)

Send completed form and all required documents to:

Child Care Aware of Minnesota
Attn: T.E.A.C.H.
10 River Park Plaza, Suite 820
St. Paul, MN 55107
Fax: 651-209-1761
Email: teachmail@childcareawaremn.org

Part I. Personal Information

Name:

Address:

County:

City:

State:

Zip:

Email address:

Phone number:

Part II. Current Employment Information

Program name:

License#:

Director/Supervisor name (if applicable):

Address:

City:

State:

Zip:

Phone number:

Current Position (choose the one which reflects how you spend the majority of your time):

- Family Child Care Provider
- Lead Teacher
- Assistant Teacher
- Aide
- Director/Assistant Director/Admin
- MNCPD approved Trainer
- Quality Coach
- Other: _____

Specify the age group you spend the majority of your time working with (you may select more than one):

- 0
- 1
- 2
- 3
- 4
- 5
- Pre-K
- School-Age
- Admin
- Not Applicable

Number of hours worked per week:

Number of months worked per year:

Part III. Education Information

Did you complete your degree? Yes No

If yes, when did you graduate?

If no, how many credits do you need to complete your degree?

Are you applying for another scholarship? Yes No

If no, why did you decide not to reapply?

**** ONLY fill out this page if you are applying for another scholarship. ****

Part IV. Scholarship Renewal Information

Scholarship type applying for: (choose one)

- Associate
- Bachelor
- CDA training for college credit
- 3 to 8 credits
- Trainer
- Quality Coach

Term of entry: (choose one)

- Winter
- Spring
- Summer
- Fall

Which college/university do you attend and what is your degree program?

College/University: _____ City: _____

Degree program: _____

Estimated graduation date: _____

Are you an enrolled member of a federally recognized tribe? Yes No

Is your child care program tribally licensed? Yes No

Do you consider yourself a person with a disability or special need? Yes No

Do any of the children in your program fall under one or more of the categories below? It is not necessary to provide the number. Yes No

- Speak English as a second language
- Have an Individual Education Plan (IEP) through Early Childhood Special Education (ECSE)
- Have an Individual Family Service Plan (IFSP)
- Are enrolled in Child Care Assistance Program (CCAP)
- Are enrolled in the Minnesota Family Investment Program (MFIP)
- Are enrolled in free or reduced lunch program or are eligible for free and reduced lunch program
- Are enrolled in Early Head Start or Head Start
- Live in an out-of-home placement (e.g., foster care)
- Are migrants or homeless
- Have an Americans with Disabilities Act (ADA) Section 504 Plan
- Are part of a refugee or immigrant community
- Are enrolled in an American Indian tribe

Is your program participating in Parent Aware? Yes No

If yes, what is your rating? 1 Star 2 Stars 3 Stars 4 Stars In process/not yet rated