

**T.E.A.C.H. Early Childhood® PENNSYLVANIA**  
**Afterschool and Youth Work Scholarship Program**  
**Application for School Age Staff & Youth Work Professionals**

Complete and Return this Application to:  
PACCA • 2300 Vartan Way, Suite 270 • Harrisburg, PA 17110

*(Please Print)*

**Date of Application:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

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

**Home Phone:** (      ) \_\_\_\_\_ **Work Phone:** (      ) \_\_\_\_\_  
area code area code

**Alternate Phone:** (      ) \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_  
area code

**Ethnicity:**    Black/African American      White/European American      Hispanic/ Latino/Latina  
                  Asian/Pacific Islander    Biracial      American Indian (tribe) \_\_\_\_\_  
                  Other \_\_\_\_\_

**Gender:**    Female    Male    **Birth date:** \_\_\_\_\_

**I am applying for a scholarship to earn my:**

**School Age Credential**      **Youth Work Certificate**      **Other** \_\_\_\_\_

**1. Employment Status:** What is your job title? \_\_\_\_\_

a. Beginning date of employment in current work place \_\_\_\_\_

month      day      year

b. How many hours do you work per week? (on average) \_\_\_\_\_

c. How many months do you work each year? \_\_\_\_\_

d. What age groups of children/youth do you work with? \_\_\_\_\_

e. Number of children/youth in your classroom or group? \_\_\_\_\_

f. What is your current hourly salary? \_\_\_\_\_

g. How many years have you worked in child care/youth work? \_\_\_\_\_

**2. Family Structure:** How many people live in your household? \_\_\_\_\_

*List everyone in your house and their relationship to you.*

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

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**T.E.A.C.H. Early Childhood® PENNSYLVANIA**

**Employee Statement of Income**

**Instructions:** List all sources of income available to you. For each source of income you **MUST** provide a copy of verification of that income. A statement from your employer indicating your hours and rate of pay or a most recent pay stub will verify earnings from a job. A statement from your ex-spouse or a court award letter can be used to verify child support.

**APPLICANT'S INCOME**

**A)** Earnings Job #1 \$ \_\_\_\_\_  per hour    per week    per month

Employer Name \_\_\_\_\_

How many hours do you usually work at Job #1 per week? \_\_\_\_\_

**B)** Earnings Job #2 \$ \_\_\_\_\_  per hour    per week    per month

Employer Name \_\_\_\_\_

How many hours do you usually work at Job #2 per week? \_\_\_\_\_

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

Yes    No   (If YES, complete C1 and C2 below.)

C1) Source of financial aid #1: \_\_\_\_\_

Date applied: \_\_\_\_\_ Application Status:    Awarded    Denied    Pending  
If awarded, please provide a copy of your award letter.

C2) Source of financial aid #2: \_\_\_\_\_

Date applied: \_\_\_\_\_ Application Status:    Awarded    Denied    Pending  
If awarded, please provide a copy of your award letter.

**D)** YOUR TOTAL INCOME \$ \_\_\_\_\_ per year.

**E)** TOTAL FAMILY INCOME (including spouse's income) \$ \_\_\_\_\_ per year.

**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 PACCA for a scholarship to help pay the cost of educational expenses.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please return your completed application with income verification to:

Pennsylvania Child Care Association (PACCA)  
2300 Vartan Way, Suite 103 Harrisburg, PA 17110

**T.E.A.C.H. Early Childhood® PENNSYLVANIA**  
**Afterschool and Youth Work Scholarship Program**  
**Employer Participation Agreement**

The center/program director, owner or board chairperson must complete this agreement.

The Afterschool and Youth Work Scholarship Program offered through PACCA requires the participation of each employer. In the event that (Applicant's Name) \_\_\_\_\_ is awarded a scholarship, I understand that the employer agrees to select and participate in one option below.

**BONUS/BONUS Option:** \_\_\_\_\_

1. Pay 10% of the cost of tuition for courses totaling 9 - 15 credit hours at an approved college or university for the scholarship employee.
2. Provide paid release time each week for my scholarship employee. The amount of release time for which an employee is eligible depends upon the number of hours the employee works for the sponsoring employer. Employees may receive up to a maximum of 3 hours per week of release time. Employer will be reimbursed for **50%** of the release time hours claimed.
3. At the end of the year upon successful completion of 9 –15 credit hours, issue a **\$300** bonus paid in two installments. This bonus is in addition to any other expected raise or bonus. PACCA will also issue a **\$300** bonus to the recipient in two installments.

**BONUS/RAISE Option:** \_\_\_\_\_

1. Pay 10% of the cost of tuition for courses totaling 9 - 15 credit hours at an approved college or university for the scholarship employee.
2. Provide paid release time each week for my scholarship employee. The amount of release time for which an employee is eligible depends upon the number of hours the employee works for the sponsoring employer. Employees may receive up to a maximum of 3 hours per week of release time. Employer will be reimbursed for **50%** of the release time hours claimed.
3. At the end of the year upon successful completion of 9 –15 credit hours, issue a **2%** raise. This raise is in addition to any other expected raise or bonus. PACCA will also issue a **\$300** bonus to the recipient in two installments.

\_\_\_\_\_  
(Center/Program Name)

\_\_\_\_\_  
(County)

\_\_\_\_\_  
(Center/Program Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Please print name of Owner/Administrator)

\_\_\_\_\_  
(Signature of Owner/Administrator)

**This section to be completed by DPW certified Child Care Centers**

Center License# \_\_\_\_\_

Center Auspice:  Profit  Nonprofit  Head Start  Religious Sponsored

Accredited:  NAEYC  NAA  Other \_\_\_\_\_  Not Accredited

Keystone STARS:  Non STARS  Start with STARS  STAR 1  STAR 2  STAR 3  STAR 4

**This section to be completed by Afterschool and Youth Development Programs**

Are the services offered in this program or at this location licensed, accredited or certified by a governing agency, organization or board?

**Yes (if yes, please answer a & b)**

- a. Please indicate the name of the license, accreditation or certification \_\_\_\_\_
- b. Specify the level of accreditation or certification rating (if applicable) \_\_\_\_\_

**No (if no, please answer a & b)**

- a. Is your agency pursuing licensing, accreditation or certification?  Yes  No
- b. Does your agency track and assess program quality?  Yes  No

**(if yes, please complete and attach your responses on an additional sheet of paper.)**

- What is the frequency of the quality assessments?
- Please list the types of tools used to track and assess quality
- Indicate if the tools are practitioner accepted/recognized by any accrediting bodies or national, state, or local associations or entities
- Please provide the name of the accrediting body, national, state, or local association or entity.