

EPIC Teacher Bonus Application Spring 2017

Office Use Only Date of Application:

Demographic Information

Legal Last Name:		First:	Middle:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Indian <input type="checkbox"/> Other _____	
E-Mail Address:		County of Residence:	
Street Address:		Mailing Address if different:	
City:	Zip:	City:	Zip:
Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Message () -		Alternate Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Message () -	
Are you currently enrolled in early childhood coursework? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently participating in the T.E.A.C.H. Early Childhood® Scholarship Project? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Education Level Completed:		College Attended:	Year Completed:
<input type="checkbox"/> AAS Degree in ECE or any field with 12 additional semester hours in ECE—(Bonuses limited to 3 years once obtained)			
<input type="checkbox"/> Early Childhood Diploma—(Bonuses limited to 2 years w/continued EC-EDU)			
<input type="checkbox"/> Early Childhood Certificate—(Bonuses limited to 3 years w/continued EC-EDU)			
<input type="checkbox"/> Early Childhood Credential—(Bonuses limited to 5 years w/continued EC-EDU)			

Employment Information

<p>Child Care Program Name: _____</p> <p>Child Care Program Phone: () _____</p>	<p>Child Care Program Address: _____</p> <p style="text-align: center;">Street</p> <p>_____</p> <p style="text-align: center;">City State Zip Code</p>
<p>Ages of Children in your care: (check all that apply)</p> <p><input type="checkbox"/> Infants</p> <p><input type="checkbox"/> Ones</p> <p><input type="checkbox"/> Twos</p> <p><input type="checkbox"/> Threes</p> <p><input type="checkbox"/> Fours</p> <p><input type="checkbox"/> Fives (not in Kindergarten)</p> <p><input type="checkbox"/> School Age</p>	<p>Your Employment Position:</p> <p><input type="checkbox"/> Teacher</p> <p><input type="checkbox"/> Assistant Teacher</p> <p><input type="checkbox"/> Family Child Care Home Provider</p> <p><input type="checkbox"/> Director</p> <p><input type="checkbox"/> Assistant Director</p> <p><input type="checkbox"/> Other _____</p>

Employment Status: <input type="checkbox"/> Full time <input type="checkbox"/> Part time	Date of Hire at Child Care Program: _____	Current Salary or Hourly Pay Rate \$ _____ Per Hour \$ _____ Annually	How many hours do you work each week? _____
Number of children served in your classroom: _____ (Family Child Care Home count all the children enrolled in your program)		Ownership Status (Do you own the child care facility?): <input type="checkbox"/> No Ownership <input type="checkbox"/> Family Child Care Home <input type="checkbox"/> Child Care Center <input type="checkbox"/> Other _____	

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of State funds; that Duplin County Partnership for Children officials may verify the information on the application; and that deliberate misrepresentation of the information will disqualify me from the EPIC Teacher Bonus and may subject me to prosecution under applicable State laws.

The information on this form may be used only in the determination of eligibility for the EPIC Teacher Bonus Program. I give up my rights on confidentiality for these purposes only.

I attest that the information appearing on this application and the supporting documentation is true to the best of my knowledge.

Applicant's Signature

Date

**Submit completed application by
April 21, 2017 by 4:00 p.m.
to:**

**Duplin County Partnership for Children
PO Box 989
149 Limestone Road
Kenansville, NC 28349**

EPIC Teacher Bonus Employment Verification

To be completed by the EPIC Teacher Bonus applicant.

Legal Last Name:		First:	Middle:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Indian <input type="checkbox"/> Other _____	

STOP!! If you are a teacher, have your director complete the bottom portion:

Child Care Program Name:	Child Care Program Phone Number:
Employee/Applicant Employment Position: <input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Family Child Care Home Provider <input type="checkbox"/> Director <input type="checkbox"/> Assistant Director <input type="checkbox"/> Other _____	License #: Star Rating: <input type="checkbox"/> 1 Star <input type="checkbox"/> 2 Star <input type="checkbox"/> 3 Star <input type="checkbox"/> 4 Star <input type="checkbox"/> 5 Star <input type="checkbox"/> GS-110
Ages and number of children in care of the employee: <input type="checkbox"/> Infants _____ <input type="checkbox"/> Ones _____ <input type="checkbox"/> Twos _____ <input type="checkbox"/> Threes _____ <input type="checkbox"/> Fours _____ <input type="checkbox"/> Fives (not in Kindergarten) _____ <input type="checkbox"/> School Age _____ Total # of Children enrolled _____	Hours worked per week: (if employee works more than one position, please break down the hours per position)
Current Hourly Rate: \$ _____ How often is the employee paid? _____ weekly _____ bi-weekly _____ semi-monthly _____ monthly	Employee's start date:

I am authorized to provide employment verification. The information provided is accurate to the best of my knowledge. I agree not to use participation in the EPIC Teacher Bonus Program to offset normal wage increases.

Printed Name

Position

Signature

Date

For additional information or assistance please contact Rita Flynn at (910) 296-2000.