



T.E.A.C.H. Early Childhood[®] MINNESOTA
 Early Childhood Scholarship Program
 Information Update Form

Only complete this form if you are **NOT** applying for another T.E.A.C.H. Scholarship

PERSONAL INFORMATION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

CURRENT EMPLOYMENT INFORMATION

Center Name/Family Child Care Name: _____

Address: _____ City: _____ County: _____

State: _____ Zip: _____ Work Phone: _____

Current Position: (circle one) Family Child Care Provider Teacher Assistant Teacher Aide Director Other	Specify the age group you currently work with and the number of children enrolled in that group. (May select more than one) _____ Infant (birth-15months) _____ Toddler (15months-30months) _____ Preschool (2.5 years-kindergarten) _____ School-Age (K-grade 5)
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Number of hours worked **per week directly** with children: _____

Number of weeks per year: _____ Total hours worked per year: _____

Center: What is your current hourly wage? (Include copy of paystub)

Family: (Complete Statement of Income Worksheet & attach a copy of most recent Schedule C)

EDUCATION INFORMATION

Did you complete your degree? Yes No If yes, when did you graduate? _____ (Attach unofficial transcript or diploma)

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

Why did you decide to not reapply?

Return your complete Information Update form to:

Attach forms to Information Update:

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Family Child Care Provider	Program Teacher
Copy of most recent schedule C	Copy of most recent paystub
Copy of current child care license	Copy of current child care license