

T.E.A.C.H. Early Childhood® Iowa
INFORMATION UPDATE FORM

Recipient Information: This section is to be completed by the scholarship recipient.

Name: _____ Indicate Changes: _____

Address: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Family Type: [] single, no children [] married, no children [] single parent [] married parent

in family, including self: _____

When do you expect to complete your degree? _____

Hours worked per week: _____ Hourly wage: _____ Position: _____

Has your position changed in the last 12 months? [] yes [] no

Age groups you teach?: [] 0 [] 1 [] 2 [] 3 [] 4 [] 5 [] school age [] administration

Program Information: This section is to be completed by the center director or administrator.

Program Name: _____ License or registration #: _____

Administrator/Director Name: _____ Administrator/Director Title: _____

Check all that apply to your program:

- [] For-profit center [] Head Start [] Religious/Church Affiliated
[] Non-profit center [] Shared Visions [] Public School Early Childhood Special Ed.
[] Registered home [] A [] B [] C [] C1 [] State-funded universal voluntary preschool site

Check all that apply to your T.E.A.C.H. participant's classroom in which your T.E.A.C.H. participant works:

- [] Religious/Church Affiliated [] Head Start [] state-funded universal voluntary preschool site
[] Shared Visions [] Public school early childhood special education

Number of children licensed to care for: _____ Number currently enrolled: _____

Does your program serve state subsidy children? [] yes [] no If yes, what % of total enrollment is on state subsidy? _____

Is your program part of Iowa's Quality Rating System? [] yes [] no If yes, provide rating _____

Did your program receive verification from the Dept. of Ed. for meeting the Quality Preschool Program Standards (QPPS)?
[] yes [] no If yes, date _____

NAEYC or NAFCC Accredited? [] yes [] no Other Accreditation? (name) _____

Attachments:

- ___ Pay stub or schedule C to verify hourly wage
___ Copy of HHS license/registration
___ Copy of IQ4K or accreditation certificate (if applicable)

I certify that the information above is complete and accurate to the best of my knowledge and the required documents are attached.

Signature of Scholarship Recipient

Signature of Director/Administrator

Return form to:

T.E.A.C.H. Early Childhood® Iowa
Iowa Association for the Education of Young Children
6200 Aurora Avenue, Suite 605E, Urbandale, Iowa 50322
Phone: 515-331-8000 • Fax: 515-331-8995

(PLEASE FOLLOW ENCLOSED INSTRUCTIONS)