

TEACH 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:

<input type="checkbox"/> For-profit center	<input type="checkbox"/> Head Start	<input type="checkbox"/> Religious/Church Affiliated
<input type="checkbox"/> Non-profit center	<input type="checkbox"/> Shared Visions	<input type="checkbox"/> Public School Early Childhood Special Ed.
<input type="checkbox"/> Registered home <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> C1		<input type="checkbox"/> State-funded universal voluntary preschool site

Check all that apply to your TEACH participant's classroom in which your TEACH participant works:

<input type="checkbox"/> Religious/Church Affiliated	<input type="checkbox"/> Head Start	<input type="checkbox"/> state-funded universal voluntary preschool site
<input type="checkbox"/> Shared Visions	<input type="checkbox"/> 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:

TEACH Early Childhood® Iowa
Iowa Association for the Education of Young Children
4400 Westown Pkwy, Suite 360, West Des Moines, IA 50266
Phone: 515-331-8000 • Fax: 515-331-8995

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(PLEASE FOLLOW ENCLOSED INSTRUCTIONS)