



**ROUND 1 Education Bonus**  
*Application*

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

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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

**Name of Childcare Program:** \_\_\_\_\_

**Current Position/Title:** Director \_\_ Assistant Director \_\_ Lead Teacher \_\_ Assistant Teacher \_\_ Floater \_\_  
FCCH \_\_ Other (please specify) \_\_\_\_\_

**Age of Children you Work With:** Infants \_\_ Toddlers \_\_ Preschoolers (age 2-5) \_\_ School Age Only \_\_  
Other (please specify) \_\_\_\_\_

**Education Information:**

Name of college/university you are currently enrolled as a student: \_\_\_\_\_

Are you currently enrolled in a degree program: Yes \_\_ No \_\_ If yes, please name: \_\_\_\_\_

Are you currently participating in the **WAGE\$** program which is funded through Smart Start of Brunswick County and administered through Childcare Services Association? Yes \_\_ No \_\_

Are you currently participating in the **T.E.A.C.H.** Scholarship Program offered by the Childcare Services Association? Yes \_\_ No \_\_

Would you like to be added to our Smart Start of Brunswick County email list to receive updates and information? Yes, please add me! \_\_ Not at this time \_\_\_\_\_.

*I understand that receipt of an Education Bonus is contingent upon state funding. I also understand that I am responsible for any applicable taxes associated with the bonus. I attest that the information that I provided in this application and supporting documentation is true to the best of my knowledge.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*