

How to Submit Center Sheet for TEACH Early Childhood Education Scholarship Application

Only for Center directors, assistant director or owners to complete.

1

Navigate to providerportal.dss.sc.gov/#/dece/teach-apps/stu...



Alert! Note: Please be aware that you will have 72 hours to finish this application section. The section link will become invalid after 72 hours. It will be necessary to submit a new application if the link expires.



Alert! Center information will pre-populate into form. Please complete only required fields.

2 Center information will pre-populate onto form

Provider Portal

Reference Number: To be completed by family/group providers ONLY

*** If you are unable to submit application, please recheck to ensure all fields are completed. ***

+ CENTER FACILITY INFORMATION

To be completed by facility owner/director/regional supervisor:

DSS License/Registration Number/CC Number Center Type *
Please select one

Center Name *

Mailing Address *

City * State * Zip *

Phone Number Fax Number

3 Select "Center Type"

Provider Portal

Reference Number: To be completed by family/group providers ONLY

*** If you are unable to submit application, please recheck to ensure all fields are completed. ***

+ CENTER FACILITY INFORMATION

To be completed by facility owner/director/regional supervisor:

DSS License/Registration Number/CC Number Center Type *
Please select one

Center Name * Center Type *
Please select one


Mailing Address * Center Type *
Please select one

City * State * Zip *

Phone Number Fax Number

Number of Children Your Center is Licensed For * Number of Children Currently Enrolled * Center Director Email

Is your child care program managed by another organization? Yes No



4 Enter "Number of children your center is licensed for"

Center Portal

To be completed by facility owner/director/regional supervisor:

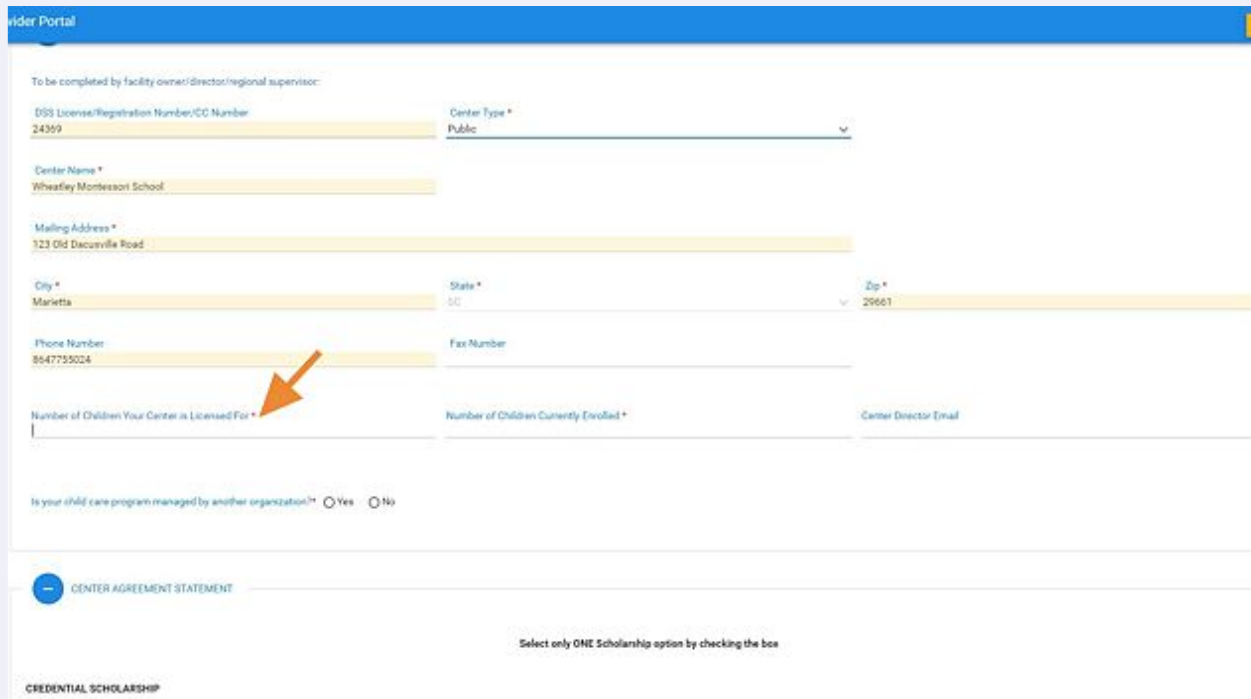
DSS License/Registration Number/CC Number 24369	Center Type * Public	
Center Name * Wheatley Montessori School		
Mailing Address * 123 Old Daculaville Road		
City * Marietta	State * SC	Zip * 29661
Phone Number 8647755024	Fax Number	
Number of Children Your Center is Licensed For * 	Number of Children Currently Enrolled *	Center Director Email

Is your child care program managed by another organization? Yes No

— CENTER AGREEMENT STATEMENT

Select only ONE Scholarship option by checking the box

CREENTIAL SCHOLARSHIP



5 Enter "Number of children currently enrolled"

Center Portal

To be completed by facility owner/director/regional supervisor:

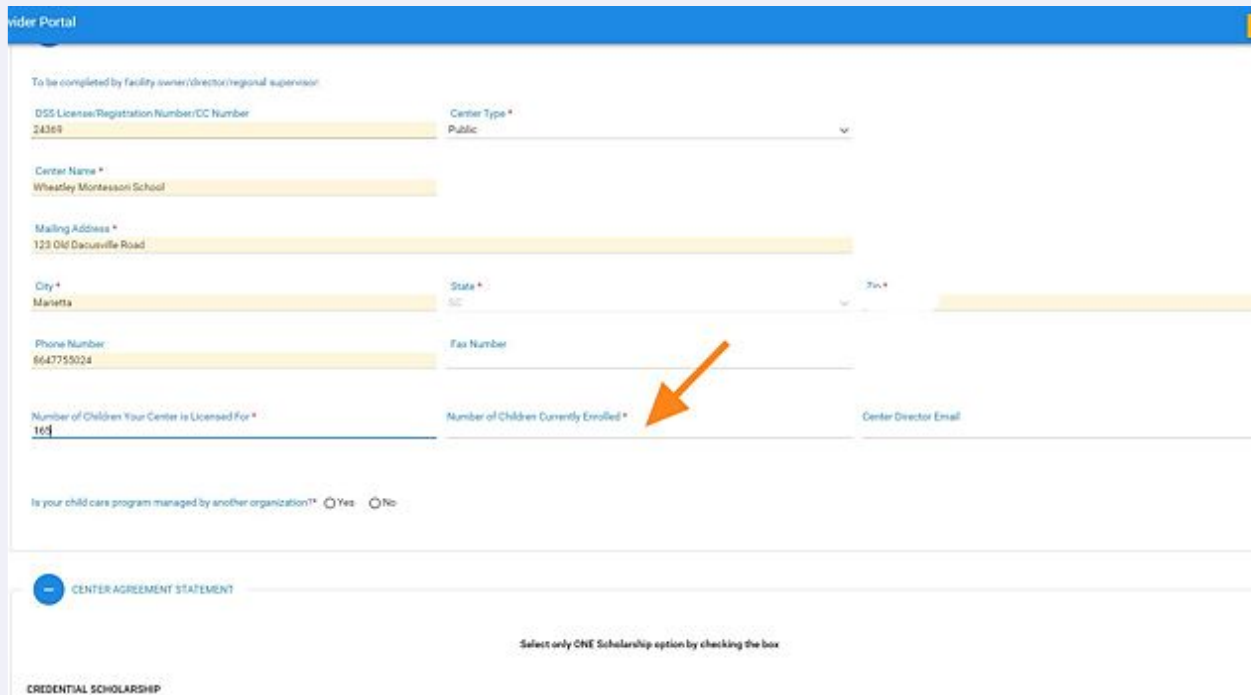
DSS License/Registration Number/CC Number 24369	Center Type * Public	
Center Name * Wheatley Montessori School		
Mailing Address * 123 Old Daculaville Road		
City * Marietta	State * SC	Zip * 29661
Phone Number 8647755024	Fax Number	
Number of Children Your Center is Licensed For * 161	Number of Children Currently Enrolled * 	Center Director Email

Is your child care program managed by another organization? Yes No

— CENTER AGREEMENT STATEMENT

Select only ONE Scholarship option by checking the box

CREENTIAL SCHOLARSHIP



6 Enter "Center Director's Email Address"

Center Portal

To be completed by Facility owner/director/regional supervisor

DSS License/Registration Number/CC Number
24369

Center Type *
Public

Center Name *
Wheatley Montessori School

Mailing Address *
123 Old Daculaville Road

City *
Marietta

State *
SC


Zip *
29561

Phone Number
6647755024

Fax Number

Number of Children Your Center is Licensed For *
165

Number of Children Currently Enrolled *
123

Center Director Email


Is your child care program managed by another organization? Yes No

CENTER AGREEMENT STATEMENT

Select only ONE Scholarship option by checking the box

CREDENTIAL SCHOLARSHIP

7 Select "Is your child care program managed by another organization?"

Center Portal

To be completed by Facility owner/director/regional supervisor

DSS License/Registration Number/CC Number
24369

Center Type *
Public

Center Name *
Wheatley Montessori School

Mailing Address *
123 Old Daculaville Road

City *
Marietta

State *
SC

Zip *
29561

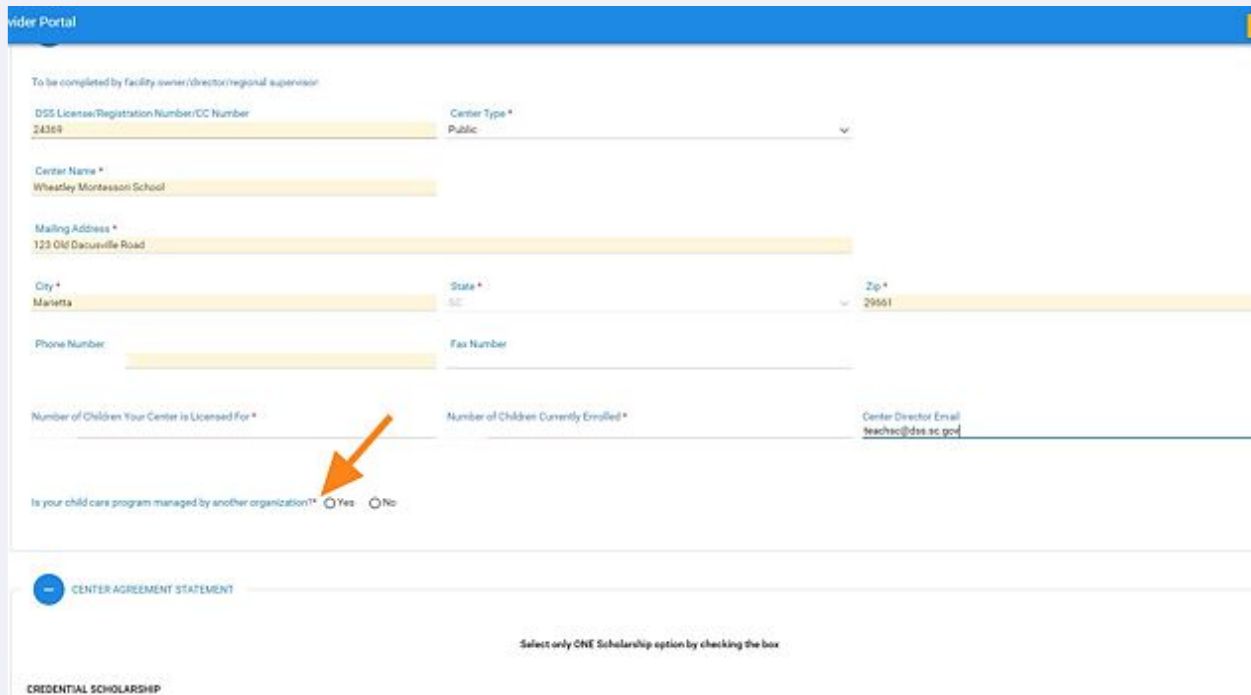
Phone Number

Fax Number

Number of Children Your Center is Licensed For *
165

Number of Children Currently Enrolled *
123

Center Director Email
teach@dds.sc.gov

Is your child care program managed by another organization? Yes No


CENTER AGREEMENT STATEMENT

Select only ONE Scholarship option by checking the box

CREDENTIAL SCHOLARSHIP

8 Select "Center Agreement Statement"

CENTER AGREEMENT STATEMENT

Select only ONE Scholarship option by checking the box

CREDENTIAL SCHOLARSHIP

ECD 101 or SAC 101:

Pay 2.5% of the cost of tuition/fees/and textbooks.

Associate Degree Scholarship
(Includes Credential Certificate and Diploma Programs)

Option A - 2% Salary Raise for each completed contract year (once a year):

Pay 2.5% of tuition/fees/textbooks and provide weekly release time**

Option B - \$300 Salary Bonus for each completed contract (once a year):

Pay 2.5% of tuition/fees/textbooks and provide weekly release time**

Option C - T.E.A.C.H. will pay the center's portion of the yearly compensation:

9 Enter "First and Last Name"

Option B - \$300 Salary Bonus for each completed contract (once a year):

Pay 2.5% of tuition/fees/textbooks and provide weekly release time**

Option C - T.E.A.C.H. will pay the center's portion of the yearly compensation:

Pay 12.5% of tuition/fees/textbooks and provide weekly release time**

Bachelor Degree Scholarship
(Includes BA/BS degrees that do lead to initial Teacher certification and degrees that DO NOT lead to Teacher certification)

Option A - 4% Salary Raise for each completed contract year (once a year):

Pay 2.5% of tuition/fees/textbooks and provide weekly release time**

Option B - \$600 Salary Bonus for each completed contract (once a year):

Pay 2.5% of tuition/fees/textbooks and provide weekly release time**

Option C - T.E.A.C.H. will pay the center's portion of the yearly compensation:

Pay 12.5% of tuition/fees/textbooks and provide weekly release time**

**** Directors, Assistant Directors and Center Owners are NOT eligible for weekly release time. ****

Signature First Name: * Signature Last Name: * Email Address: *

Please sign in the space provided below by left clicking and moving your mouse.*

10 Enter "Email Address"

Teacher Portal

Pay 2.5% of tuition/fees/textbooks and provide weekly release time**

Option B - \$300 Salary Bonus for each completed contract (once a year):

Pay 2.5% of tuition/fees/textbooks and provide weekly release time**

Option C - T.E.A.C.H. will pay the center's portion of the yearly compensation:

Pay 12.5% of tuition/fees/textbooks and provide weekly release time**

Bachelor Degree Scholarship
(Includes BA/BS degrees that do lead to initial Teacher certification and degrees that DO NOT lead to Teacher certification)

Option A - 4% Salary Raise for each completed contract year (once a year):

Pay 2.5% of tuition/fees/textbooks and provide weekly release time**

Option B - \$500 Salary Bonus for each completed contract (once a year):

Pay 2.5% of tuition/fees/textbooks and provide weekly release time**

Option C - T.E.A.C.H. will pay the center's portion of the yearly compensation:

Pay 12.5% of tuition/fees/textbooks and provide weekly release time**

**** Directors, Assistant Directors and Center Owners are NOT eligible for weekly release time. ****

Signature First Name: * Signature Last Name: * Email Address: *

Please sign in the space provided below by left clicking and moving your mouse.*

11 Sign application electronically

Teacher Portal

Pay 2.5% of tuition/fees/textbooks and provide weekly release time**

Option B - \$300 Salary Bonus for each completed contract (once a year):

Pay 2.5% of tuition/fees/textbooks and provide weekly release time**

Option C - T.E.A.C.H. will pay the center's portion of the yearly compensation:

Pay 12.5% of tuition/fees/textbooks and provide weekly release time**

Bachelor Degree Scholarship
(Includes BA/BS degrees that do lead to initial Teacher certification and degrees that DO NOT lead to Teacher certification)

Option A - 4% Salary Raise for each completed contract year (once a year):

Pay 2.5% of tuition/fees/textbooks and provide weekly release time**

Option B - \$500 Salary Bonus for each completed contract (once a year):

Pay 2.5% of tuition/fees/textbooks and provide weekly release time**

Option C - T.E.A.C.H. will pay the center's portion of the yearly compensation:

Pay 12.5% of tuition/fees/textbooks and provide weekly release time**

**** Directors, Assistant Directors and Center Owners are NOT eligible for weekly release time. ****

Signature First Name: * Signature Last Name: * Email Address: *

Please sign in the space provided below by left clicking and moving your mouse.*

12 Click "Submit"

Provider Portal

Bachelor Degree Scholarship
(Includes BA/BS degrees that do lead to Initial Teacher certification and degrees that DO NOT lead to Teacher certification)

Option A - 4% Salary Raise for each completed contract year (once a year):
 Pay 2.5% of tuition/fees/textbooks and provide weekly release time**

Option B - \$600 Salary Bonus for each completed contract (once a year):
 Pay 2.5% of tuition/fees/textbooks and provide weekly release time**

Option C - T.E.A.C.H. will pay the center's portion of the yearly compensation:
 Pay 12.5% of tuition/fees/textbooks and provide weekly release time**

**** Directors, Assistant Directors and Center Owners are NOT eligible for weekly release time. ****

Signature First Name: *
Mouse

Signature Last Name: *
Mickey

Email Address: *
teachsc@dss.sc.gov

Please sign in the space provided below by left clicking and moving your mouse *



Alert! Note: Please be aware that you will have 72 hours to finish this application section. The section link will become invalid after 72 hours. It will be necessary to submit a new application if the link expires.