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

ference Number	To be completed by family/group providers (IMLY ICCC	
	*** If you are unable to submit application, please replack I	a ensure all fields are completed, ***
CENTER FACILITY INFORMATION		
To be completed by facility owner/director/regional supervisor: DBS Lowman/Regulation Number/CC Number	Center Type * Please select one	v
Center Name *		
Malieu Address *		
Cry *	State* Sc	20.
Phone Namber	Fan Marshar	

3 Select " Center Type"

ference Number 04000023	To be completed by family group providers 01929 COC		
	*** If you are unable to submit application, please recheck to ensur	all fields are completed. ***	
CENTER FACILITY INFORMATION			
to be completed by facility owner/director/regional superviso			
DSS License/Registration Number/OC Number 24369	Center Type * Please select one		
	Durifé	2	
Canter Name *	Prov		
Wheatley Montesaori School	Nonprofit		
	Head Start		
Mailing Address *	Public		
123 Old Decueville Road			
	Independent Non-prote		
City *	_Registered Ministry profit	7.0*	
Marietta			
Photo March 1	Production and a second		
8647755024	- Cal Name		
Number of Children Your Center is Licensed For *	Number of Children Currently Enrolled *	Center Director Emell	

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

Portal			
to be completed by facility owner/director/regional supervisor:			
DSS License/Registration Number/CC Number	Center Type *		
4369	Puble	~	
Center Name *			
Iheatley Montesson School			
23 Old Dacusville Road			
City *	State*	Dp *	
GARNETA		24001	
Phone Number	Fax Number		
8647755024			
Number of Children Your Center in Licensed For	Number of Children Currently Enrolled +	Center Director Dival	
s your child care program managed by another organization. ³⁴ O Yes O No			
CENTER AGREEMENT STATEMENT			
	Select only OHE Scholarship option by checking	the box	
EDENTIAL SCHOLARSHIP			

5 Enter "Number of children currently enrolled"

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SS-License/Registration Number/CC Number	Center Type *		
4369	Public	~	
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heatley Montessori School			
I Old Decueville Road			
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hone Number :	Fas Number		
47755024			
umber of Children Your Center is Ucensed For *	Number of Children Currently Enrolled •	Center Director Email	
your child care program managed by another organization?" () Yes	ÓNe		
CENTER AGREEMENT STATEMENT			

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Enter "Center Director's Email Address"

r Portal		
To be completed by facility owner/director/regional supervisor		
DSS License/Registration Number/DC Number	Center Type *	
24369	Public	~
Centier Name *		
Wheatley Montesson School		
Mailing Address *		
123 Old Decurville Road		
City+	State *	Ze+
Marietta		- 29561
Phone Number :	Fax Number	
6647755024		
Number of Children Your Center is Licensed For * 165	Number of Children Currently Errolled * 123	Center Director Email
is your child care program managed by another organization?* O'Yes O'No		
	Select only ONE Scholarship option by checking th	• bas

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

Center Type* Public	
Public v	-
State *	201
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Tax Number	
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Number of Children Currently Emolete -	Seachard Direction Enhant Seachard () dos se gov
	State + St Fao Humbe Number of Children Currently ErroBed +

Select "Center Agreement Statement"

8



9 Enter "First and Last Name"

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Option C - T.E.A.C.H. will pay the center's portion of the yearly compensation:
O 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):
O Pay 2.5% of tuition/fees/textbooks and provide weekly release time**
Option B - \$600 Salary Bonus for each completed contract (once a year):
O 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:
O 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: * Email Address: * Email Address: *
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Enter "Email Address"

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OPay 2.5% of tuttors/feets/textbooks and provide weekly release time**			
Option B - \$300 Salary Bonus for each completed contract (once a year):			
Pay 2.5% of fution/fees/textbooks and provide weekly release time**			
Option C - T.E.A.C.H. will pay the center's parties of the yearly compensate	w.		
O Pay 12.5% of tation/lees/textbooks and provide weekly release time**			
Bachelor Degree Scholarship			
(Includes BA/BS degrees that do lead to initial Teacher certification and degrees that DO N	07 lead to Teacher certification)		
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\bigcirc Pay 2.5% of tuttors/fees/teodocoks and provide weekly release time**			
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O Pay 12.5% of turson/fees/tentbooks and provide weekly release time**			
	** Directors, Assistant Directors and Center Ov	mens are NOT eligible for weekly release time. **	
Signature First Name.*	Signature Last Name:*	Ernal Address -	
Moute	Mickey		
Please sign in the space provided below by left clicking and moving your mo	ana*		

Sign application electronically

r Portal			
O Pay 2.5% of surson/fees/textbooks and provide a	verify release time**		
Option B - \$300 Salary Bonus for each completed cor	struct (once a year):		
Pay 2.5% of tutton/fees/textbooks and provide a	verkly release time**		
lption C - T.E.A.C.H. will pay the center's portion of t	he yearly compensation:		
O Pay 12.5% of tution/fees/terbooks and provide	weekly release time**		
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O Pay 12.5% of tution/fees/textbooks and provide	weekly release time**		
	** Birectors, Assistant Directors and Canter Own	rs are NOT eligible for weakly release time. **	
Signature First Name *	Signature Lost Name:	Email Address: * teachac@des.sc.gov	
lease sign in the space provided below by left clicking	and moving your mouse.		
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12 Click "Submit"

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):		
O Pay 2.5% of tuition/fees/textbooks and provide week	dy release time**		
Option B - \$600 Salary Bonus for each completed contra	ct (once a year):		
O Pay 2.5% of tuition/fees/textbooks and provide week	dy release time**		
Option C - T.E.A.C.H. will pay the center's portion of the yearly compensation:			
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