# How to Submit Center Sheet for T.E.A.C.H. Early Childhood Education Scholarship Application

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

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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

eference Number	To be completed by family/group providers ONLY CCC	
	*** If you are unable to submit application, please reshect	to ensure all fields are completed, ***
CENTER FACE, ITY INFORMATION		
To be completed by facility owner/director/regional supervisor: DS3 Loenner/Regulation Number/CC Number	Genter Type * Please select one	v
Center Name *		
Maline Address *		
Cay+	State* SC	29*
Phone Number	Fax Number	

# **3** Select " Center Type"

erence Number (A000023	To be completed by family prove providers CHUP CCC		
	*** If you are unable to submit application, please recheck to ensur	all fields are completed. ***	
to be completed by facility owner/director/regional super-			
DSS License/Registration Number/CC Number	Cwnter Type -		
24369	Please select one	~	
	Profit	-	
Center Name *	Nonprofit		
Wheatley Montessoni School .			
	Head Start		
Mailing Address * 123 Old Decurville Road	Public		
	Independent Non profit		
City *	Registered Ministry profit	* 70*	
darietta			
Phone Number 8647755324	Fax Number		
Number of Children Your Center is Licensed For *	Number of Children Currently Enrolled *	Center Director Email	
a your child care program managed by another organizatio	0 0 km		

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

Portal			
To be completed by facility owner/director/regional supervisor:			
DSS Loonse/Registration Number/CC Number	Center Type *		
24369	Public	~	
Center Norse *			
Wheatley Montesson School			
Mailing Address *			
123 Old Decurville Road			
City * Marietta	State*	Zp* 29661	
Varietza		· 24001	
Phone Number	Fix Number		
8647755024			
<b>K</b>			
Number of Children Your Center is Licensed For	Number of Children Currently Enrolled +	Center Director Ernal	
97			
is your shild care program managed by another organization?* O Yes O No			
CONTER AGREEMENT STATEMENT			
	Select only ONE Scholarship option by checking the b		
EDENTIAL SCHOLARSHIP			

## **5** Enter "Number of children currently enrolled"

be completed by facility swner/director/regional supervisor			
SS-License/Registration Number/DC Number	Center Type *		
1369	Public	~	
enter Name *			
heatley Montesson School			
alling Address *			
I Old Decueville Road			
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ity 4 anetta	State *	2764	
hone Number:	Fas Number		
47755024			
umber of Children Your Center is Ucensed For *	Number of Children Currently Enrolled •	Center Director Essail	
your child care program managed by another organization <sup>Th</sup> . Q Yee	a ONe		
CENTER AGREEMENT STATEMENT			

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#### Enter "Center Director's Email Address"

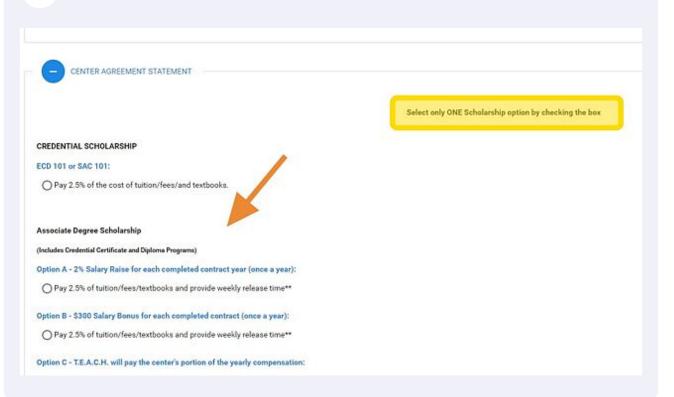
r Portal		
To be completed by facility swner/director/regional supervisor		
DSS License/Registration Number/DC Number	Center Type *	
24369	Public	~
Centier Name *		
Wheatley Montesson School		
Mailing Address *		
123 Old Decurville Road		
City+	State *	Ze*
Marietta		- 29561
Phone Number :	Fax Number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

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

SS License/Registration Number/CC Number	Center Type *		
4369	Public	~	
exter Name *			
heatley Montesson School			
ailing Address * 3 Old Decusville Road			
a the pactornee Road			
av *	State *	20*	
arietta	52	29501	
hone Number	Fax Number		
mber of Children Your Center is Ucensed For *	Number of Children Currently Errolled *	Center Director Ernal Seachso@dss.sc.pce	
your child care program managed by another organization?" O'Ye	a ONe		
CENTER AGREEMENT STATEMENT			

Select "Center Agreement Statement"

8



#### 9 Enter "First and Last Name"

Pay 2.5% of tuition/fees/textbooks and provide weekly release time**
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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/DS 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 tuttion/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 tuttion/fees/textbooks and provide weekly release time**
** Directors, Assistant Directors are NOT eligible for weekly release time. **
Signature First Name: * Email Address: * Email Address: *
Please sign in the space provided below by left clicking and moving your mouse.*

## Enter "Email Address"

der Portal			
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/tentbooks 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 tution/lees/terbooks 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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OPay 2.5% of fution/fees/terbooks and provide weekly release time**			
Option B - \$500 Salary Bonus for each completed contract (once a year);			
$\bigcirc$ Pay 2.5% of fution/fees/teodocols and provide weekly release time**			
Option C - T.E.A.C.H. will pay the center's portion of the pearly compensation			
O Pay 12.5% of tutton/fees/tentbooks and provide weekly release time**			
	** Directors, Assistant Directors and Center Ov	where are NOT eligible for weakly release time. **	
Signature First Name.*	Signature Last Name:*	Ernal Address *	
Mouse	Mickey		
Please sign in the space provided below by left clicking and moving your mo	stat*		

# Sign application electronically

r Portal			
O Pay 2.5% of turbor/fees/textbooks and provide w	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 w	verkly release time**		
Option C - T.E.A.C.H. will pay the center's portion of th	he yearly compensation:		
O Pay 12.5% of tution/fees/terbooks and provide	weekly release time**		
Eachelor Degree Scholarship			
includes BA/BS degrees that do lead to initial Teacher contilicat	tion and degrees that DO NOT lead to Teacher certification)		
Option A - 4% Salary Raise for each completed contra	ect year (sece a year):		
O Pay 2.5% of sutton/fees/tevtbooks and provide w	cerily release time**		
Option B - \$500 Salary Donos for each completed cor	struct (once a year):		
O Pay 2.5% of tuition/fees/textbooks and provide w	veikly release time**		
Option C - T.E.A.C.H. will pay the center's parties of t	he yearly compensation:		
O Pay 12.5% of tution/fees/teirbooks and provide	weekly release time**		
	** Directors, Assistant Directors and Canter Own	rs are NOT eligible for weekly release time. **	
Signature First Name *	Signature Lost Name:	Email Address * teachac@dex.sc.gov	
fease sign in the space provided below by left clicking	and moving your mount		
22			
Chear			

#### 12 Click "Submit"

Bachelor Degree Scholarship				
(Includes BA/BS degrees that do lead to initial Teacher certification a	nd degrees that D0 N0T lead to Teacher certification)			
Option A - 4% Salary Raise for each completed contract y	ear (once a year):			
O Pay 2.5% of tuition/fees/textbooks and provide week	ly release time**			
Option B - \$600 Salary Bonus for each completed contract	t (once a year):			
O Pay 2.5% of tuition/fees/textbooks and provide week	ly release time**			
Option C - T.E.A.C.H. will pay the center's portion of the yearly compensation:				
Option C - T.E.A.C.H. will pay the center's portion of the ye	variy compensation:			
O Pay 12.5% of fution/fees/textbooks and provide wee				
	kly release time** ** Directors, Assistant Directors and Center Own Signature Last Name: *	Email Address: •		
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O Pay 12.5% of tuttion/fees/textbooks and provide wee Signature First Name: * Mouse	kly release time** ** Directors, Assistant Directors and Center Own Signature Last Name: * Mickey	Email Address: •		
O Pay 12.5% of tuttion/fees/textbooks and provide wee Signature First Name: * Mouse	kly release time** ** Directors, Assistant Directors and Center Own Signature Last Name: * Mickey	Email Address: •		

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