



### Center Participation Agreement for Bachelor’s Degree Scholarship

This agreement must be completed by the center director for teachers, and the center owner or board chairperson for directors. (Please check one to indicate which applicable option you prefer)  
T.E.A.C.H. Early Childhood®, a college scholarship program for early childhood professionals, requires the participation of each scholarship recipient’s employing child care center.

In the event that employee \_\_\_\_\_ (*printed name of applicant*) is awarded a scholarship I understand that the center agrees to participate in the following ways:

- Pay 5% of the cost of tuition on a per semester basis for attendance at a 4-year college. The center will be responsible for collecting the recipient’s 5% and for paying the college the full 10%. The center will be responsible for paying the college within 30 days of receipt of an invoice.
- Provide up to 2 hours of paid release time per week while employee is enrolled in classes. T.E.A.C.H. Early Childhood® will reimburse up to 2 hours at \$6.00 an hour per week student is attending classes.
- Maintain all requirements to remain an active Denver Preschool Program provider, as outlined in the DPP Provider Agreement

Option One

Pay the employee a \$325 bonus both halfway through and at the completion of the 24-month work agreement. The scholarship recipient will remain an employee of the center for 24 months after successful completion of 9-18 credits. The credits must be completed within one calendar year.

Option Two

Give the employee a 2% raise both halfway through and at the completion of the 24-month work agreement. This raise is to be above and beyond any other expected raise.

\_\_\_\_\_  
Name of Center

\_\_\_\_\_  
Center Mailing Address (include city and zip code)

County: \_\_\_\_\_ License #: \_\_\_\_\_ License Type \_\_\_\_\_

Center Phone # \_\_\_\_\_ Email address (required): \_\_\_\_\_

\_\_\_\_\_  
Print Name of Authorized Signer  
(Director/Owner/ Board chairperson)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Signer

\_\_\_\_\_  
Date

