



T.E.A.C.H. Early Childhood® North Carolina CDA Assessment Scholarship Program Application



1. PERSONAL INFORMATION

Date _____ Social Security # _____

Name _____ Preferred Name _____

Address _____

City, State, Zip _____

County _____

Phone Number Home: () Cell: () Work: ()

Email _____

Date of Birth (mm/dd/yyyy) _____

Gender _____

Ethnicity

Are you of Hispanic, Latino or Spanish origin?

- No Yes, Puerto Rican Other Hispanic, Latino or Spanish
- Yes, Mexican, Mexican American, Chicano Yes, Cuban

Do you consider yourself....?

- | | | |
|-----------------------------------------------------------|------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Asian: |
| <input type="checkbox"/> Black, African Am. Or Negro | <input type="checkbox"/> Korean | |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other Pacific Islanders: |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino | |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other race: |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Samoan | |

The above information is used for demographic purposes only.

Please check the box indicating what language(s) you speak fluently (please check all that apply)

- | | | |
|-----------------------------------|-------------------------------------|----------------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Japanese | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Korean | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Lao | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Creole | <input type="checkbox"/> Persian | <input type="checkbox"/> Tribal: _____ |
| <input type="checkbox"/> English | <input type="checkbox"/> Polish | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> French | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Russian | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other: _____ |

How many people live in your household? _____ Of those, how many are:

Your parents? ____ Siblings? ____ Spouse or significant other? ____ Children? ____ Other? ____

Have either of your parents or any of your brothers or sisters attended college?

- Yes No

Do either of your parents or any of your brothers or sisters have a college degree?

- Yes No

How did you hear about the T.E.A.C.H. Early Childhood® Scholarship Program?

- | | | |
|---------------------------------------|---------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Presentation | <input type="checkbox"/> College Instructor | <input type="checkbox"/> Coworker |
| <input type="checkbox"/> Mailing | <input type="checkbox"/> Employer | <input type="checkbox"/> CCSA Website |

This application **must** be submitted with a completed Child Development Associate (CDA) Assessment application, assessment package with copies of **all** training certificates and college transcripts, and verification of income.

Fiscal Year 17 - 18 © 05/17

2. EDUCATION INFORMATION

Are you CPR/First Aid Certified? Yes No

Please check the box indicating what credentials and specializations you currently hold

- | | |
|------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> CDA: Infant/Toddler | <input type="checkbox"/> Specialization: Bi-Lingual (language: _____) |
| <input type="checkbox"/> CDA: Preschool | <input type="checkbox"/> North Carolina Issued Credential |
| <input type="checkbox"/> CDA: Family Child Care Home | <input type="checkbox"/> Post BA (state teaching license) |
| <input type="checkbox"/> CDA: Home Visitor | <input type="checkbox"/> Not Applicable |

Please check the box that best describes your educational history

- | | |
|-------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> No high school diploma | <input type="checkbox"/> Bachelor Degree
(Major: _____) |
| <input type="checkbox"/> High school diploma/GED | <input type="checkbox"/> Masters
(Major: _____) |
| <input type="checkbox"/> 1-year certificate | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> Associate Degree
(Major: _____) | |

When do you intend to apply for the credential? (mm/dd/yyyy)

Which assessment will you apply for?

- Center-based infant/toddler program (children up to 36 months)
- Center-based preschool program (children 3-5 years)
- Family child care program (small or large child care home)
- Home visitor program
- Bilingual Specialization

Have you taken any college courses in the past two years? Yes No
 Have you taken any ECE credits in the past two years? Yes how many? _____ No

What is your preferred Language for learning _____

3. EMPLOYMENT STATUS

What is your current job title?

- | | | |
|--------------------------------------------|----------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Administrator | <input type="checkbox"/> Non-Teaching Professional Staff |
| <input type="checkbox"/> Assistant Teacher | <input type="checkbox"/> Family Based Professional | <input type="checkbox"/> Non-Teaching Support Staff |

What age groups do you teach? (please check all that apply)

- | | |
|-------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Infants (0-12 Months) | <input type="checkbox"/> Preschool (37 Months – PreK) |
| <input type="checkbox"/> Toddler (13-36 Months) | <input type="checkbox"/> School Age |

Is your center a NC Pre-K site? Yes No

Are you a teacher in a NC Pre-K classroom? Yes No

How long have you worked in the field of early childhood?

- | | | | |
|--------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Less than 2 Years | <input type="checkbox"/> 2-5 Years | <input type="checkbox"/> 6-10 Years | <input type="checkbox"/> 10+ Years |
|--------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|

How many children are in your classroom or child care facility (if you don't work in 1 classroom)? _____

How many hours per week do you work? _____

How many months per year do you work? _____

Beginning date of employment at current facility? (mm/dd/yyyy) _____

What is your current hourly salary? _____



Return this application with mandatory paperwork to: T.E.A.C.H. Early Childhood® North Carolina
 P.O. Box 231 Chapel Hill, NC 27514 or fax (919) 967-7040
 If you have any questions, please call (919) 967-3272 www.childcareservices.org



4. CENTER PARTICIPATION AGREEMENT

This agreement must be completed by the center director for teachers, or the center owner or board chairperson for directors.

The T.E.A.C.H. Early Childhood CDA Assessment scholarship offered through Child Care Services Association requires the participation of each scholarship recipient's employing child care center. In the event that *(Applicant Name)* _____ is awarded a scholarship, I understand that *(Center Name)* _____ agrees to participate in one of the following ways. (Please check one to indicate which applicable option you prefer)

_____ **Option 1**

Participant Agrees to

- Pay 15% of the assessment fee (\$63.75) upon scholarship approval
- Submit assessment application to CCSA
- Complete the assessment
- Commit to remaining in sponsoring center for 3 months after receiving the CDA Credential
- Send assessment package to CCSA
- Notify CCSA upon attainment of the CDA Credential

Center Agrees to

- Allow observation of teacher in the center by a representative from the Council for Early Childhood Professional Recognition

_____ **Option 2**

Participant Agrees to

- Submit assessment application to CCSA
- Complete the assessment
- Commit to remaining in sponsoring center for 6 months after receiving the CDA Credential
- Notify CCSA upon attainment of the CDA Credential

Center Agrees to

- Pay 15% of the assessment fee (\$63.75) upon scholarship approval
- Allow observation of teacher in the center by a representative from the Council for Early Childhood Professional Recognition

_____ **Option 3**

Participant Agrees to

- Pay 7.5% of the assessment fee (\$31.88) upon scholarship approval
- Submit assessment application to CCSA
- Complete the assessment
- Commit to remaining in child care for 3 months after receiving the CDA Credential
- Notify CCSA upon attainment of the CDA Credential

Center Agrees to

- Pay 7.5% of the assessment fee (\$31.88) upon scholarship approval
- Allow observation of teacher in the center by a representative from the Council for Early Childhood Professional Recognition

_____ **Option 4 – For Family Child Care Home**

Participant Agrees to

- Pay 15% of the assessment fee (\$63.75) upon scholarship approval
- Submit assessment application to CCSA
- Complete the assessment
- Commit to keeping registered Family Child Care Home in operation for 6 months after receiving the CDA Credential
- Send assessment package to CCSA
- Notify CCSA upon attainment of the CDA Credential

Please print name of director or chairperson/owner _____

Signature of director or chairperson/owner _____



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Program License or Registration Number _____
 Center Name _____
 Center Address (city, state, zip, county) _____
 Email Address _____
 Tax ID Number _____

Please check all forms of funding your facility receives

- | | | |
|-------------------------------------------|-------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Head Start | <input type="checkbox"/> State PreK | <input type="checkbox"/> State Subsidies: Contracts |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> Title I | <input type="checkbox"/> State Subsidies: Vouchers |
| <input type="checkbox"/> State Head Start | <input type="checkbox"/> IDEA | <input type="checkbox"/> N/A |

For Head Start or Multi-Site Programs

Is this child care program owned or managed by another organization? Yes No
 If yes, give the parent company name/address: _____

FOR ALL PROGRAMS

Number of children served _____
 Center Auspice: Profit Nonprofit Head Start
 Center Star Rating: 1 2 3 4 5 GS110
 Is your Center accredited: Yes No
 If yes by whom? _____

5. CENTER OWNER/FAMILY CHILD CARE PROVIDER MONTHLY INCOME WORKSHEET

Instructions: This sheet will help you determine your monthly earnings from your day care center/family child care home. For each question, use the amount you made or spent last month. Special instructions are in italics.

Remember, you **MUST** include income verification such as copies of receipts for each of the children you take care of or a statement detailing your weekly rate and number of children you care for.

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 1. What is the total amount paid to you by parents each week? | <input type="text"/> |
| 2. Total monthly parent fees - weekly fees x 4.33 (weeks per month) | <input type="text"/> |
| 3. How much was your Child & Adult Care Food Program Reimbursement? | <input type="text"/> |
| 4. How much did you receive from the Dept. of Social Services or other agencies for child care subsidy for children in your care? | <input type="text"/> |
| 5. Total monthly revenue (add lines 2, 3, and 4) | <input type="text"/> |

How much did you spend for children in your child care home last month on:

- | | |
|----------------------------------------------------|----------------------|
| 6. Food | <input type="text"/> |
| 7. Toys | <input type="text"/> |
| 8. Assistant/Substitute Care | <input type="text"/> |
| 9. Crafts/Supplies | <input type="text"/> |
| 10. Transportation (\$0.25/mile) | <input type="text"/> |
| 11. Training Fees | <input type="text"/> |
| 12. Gifts for Children/Families | <input type="text"/> |
| 13. Other (specify) | <input type="text"/> |
| 14. Total monthly expenses (add lines 6-13) | <input type="text"/> |

Revenue (line 5)	minus	Expenses (line 14)	=	Monthly Earnings
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6. STATEMENT OF INCOME

Please attach a copy of your most recent pay stub here

Employer #1 _____ Hours/week _____ \$ _____ per _____

Employer #2 _____ Hours/week _____ \$ _____ per _____

Have you applied for any other financial aid? Yes No

If yes, what financial aid source(s) have you applied for?
 PELL Grant Smart Start Grant Scholarships Student Loans

Financial Aid #1 _____ Date of application _____

Application status Awarded Denied Pending

Financial Aid #2 _____ Date of application _____

Application status Awarded Denied Pending

YOUR TOTAL INCOME \$ _____

YOUR TOTAL FAMILY INCOME (your spouse included) \$ _____

7. STATEMENT AND SIGNATURE OF APPLICANT

I, _____ (applicant's name), attest that the information provided on this application and the supporting documentation is true to the best of my knowledge. I understand that falsifying application information or documentation or the failure to comply with documentation requirements may result in the inability to be a participant on this program. If my participation is terminated due to my failure to comply with documentation requirements, I understand that my employer may be notified along with the program funder. If for any reason the scholarship money is issued incorrectly as a result of false information provided by me, I acknowledge that I will be required to reimburse the T.E.A.C.H. Early Childhood® Project for the monetary support that was received in error.

Signature of Applicant

Date

8. MANDATORY PAPERWORK

This application must be submitted with the following:

- Completed original CDA Assessment application found in the Competency Standards booklet
- Assessment package, including copies of **all** training/workshop certificates and college transcripts
- Verification of income

To order a Competency Standards application booklet, and to find a PD Specialist and test site, you can go online to the Council for Professional Recognition's website at www.cdacouncil.org

If not submitted with application, recipient and/or facility portions of the assessment fee are due upon scholarship approval. Acceptable forms of payment include check, money order, and credit cards. T.E.A.C.H. will **not** approve payment to the Council without first receiving this fee. Additional questions and concerns can be addressed to the T.E.A.C.H. CDA counselor at 919-967-3272.



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