



# 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 or African American        | <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.

**2. EDUCATION INFORMATION**

Are you CPR/First Aid Certified?  Yes  No

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

- CDA: Infant/Toddler
- CDA: Preschool
- CDA: Family Child Care Home
- CDA: Home Visitor
- Specialization: Bi-Lingual (language: \_\_\_\_\_)
- North Carolina Issued Credential
- Post BA (state teaching license)
- Not Applicable

Please check the box that best describes your educational history

- No high school diploma
- High school diploma/GED
- 1-year certificate
- Associate Degree (Major: \_\_\_\_\_)
- Bachelor Degree (Major: \_\_\_\_\_)
- Masters (Major: \_\_\_\_\_)
- Doctorate

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?

- Teacher
- Assistant Teacher
- Administrator
- Family Based Professional
- Non-Teaching Professional Staff
- Non-Teaching Support Staff

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

- Infants (0-12 Months)
- Toddler (13-36 Months)
- Preschool (37 Months – PreK)
- 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?

- Less than 2 Years
- 2-5 Years
- 6-10 Years
- 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)

\_\_\_\_\_ **Teachers - Option 1**

**Participant Agrees to**

- Pay 15% of the assessment fee (\$75.00) 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
- Send assessment package to CCSA
- Notify CCSA upon attainment of he CDA Credential

**Center Agrees to**

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

\_\_\_\_\_ **Teachers - 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 he CDA Credential

**Center Agrees to**

- Pay 15% of the assessment fee (\$75.00) upon scholarship approval
- Allow observation of teacher in the center by a representative from the Council for Early Childhood Professional Recognition

\_\_\_\_\_ **Teachers - Option 3**

**Participant Agrees to**

- Pay 7.5% of the assessment fee (\$37.50) 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
- Notify CCSA upon attainment of he CDA Credential

**Center Agrees to**

- Pay 7.5% of the assessment fee (\$37.50) upon scholarship approval
- Allow observation of teacher in the center by a representative from the Council for Early Childhood Professional Recognition

\_\_\_\_\_ **Family Based Professionals - Option 4**

**Participant Agrees to**

- Pay 15% of the assessment fee (\$75.00) 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 he CDA Credential

Please print name of director or chairperson/owner \_\_\_\_\_

Signature of director or chairperson/owner \_\_\_\_\_

Program License or Registration Number \_\_\_\_\_



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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. RECIPIENT PERSONAL RESPONSIBILITIES AGREEMENT**

This is an agreement between T.E.A.C.H. Early Childhood® North Carolina and the scholarship applicant (applicant name) \_\_\_\_\_ . Please read carefully and then sign this agreement, initialing next to each line item. As a part of your application, this agreement **must** be signed and submitted along with any other required documents before your application can be considered complete.

**Congratulations on taking the next step toward a greater education!**

You should be very proud of yourself for investing in your own future and increasing your education. The benefit of this scholarship to you comes with various responsibilities.

As a T.E.A.C.H. Early Childhood® Scholarship Recipient, I will:

- \_\_\_\_\_ Pay my portion (if applicable) of the assessment fee to T.E.A.C.H, which is critical to ensuring that a charge approval will be submitted to the Council for Professional Recognition without unnecessary delays.
- \_\_\_\_\_ Provide documented proof of the required elements for assessment. It is my responsibility to ensure that I meet all of my obligations.
- \_\_\_\_\_ Continue working at sponsoring center or operating family child care home for the duration of my contract and through the commitment period specified above.
- \_\_\_\_\_ Submit a copy of my certificate in a timely manner.
- \_\_\_\_\_ Contact my scholarship counselor regarding any changes to my employment. He/She is just a phone call or email away and can answer many questions.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**6. CENTER OWNER/FAMILY BASED PROFESSIONAL MONTHLY INCOME WORKSHEET**



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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.

- |   |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| <ol style="list-style-type: none"> <li>1. What is the total amount paid to you by parents each week?</li> <li>2. Total monthly parent fees - weekly fees x 4.33 (weeks per month)</li> <li>3. How much was your Child &amp; Adult Care Food Program Reimbursement?</li> <li>4. How much did you receive from the Dept. of Social Services or other agencies for child care subsidy for children in your care?</li> <li>5. <b>Total monthly revenue (add lines 2, 3, and 4)</b></li> </ol> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table> |  |  |  |  |  |
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|---|---|--|--|--|--|--|--|--|--|--|
| <p>How much did you spend for children in your child care home last month on:</p> <ol style="list-style-type: none"> <li>6. Food</li> <li>7. Toys</li> <li>8. Assistant/Substitute Care</li> <li>9. Crafts/Supplies</li> <li>10. Transportation (\$0.25/mile)</li> <li>11. Training Fees</li> <li>12. Gifts for Children/Families</li> <li>13. Other (specify)</li> <li>14. <b>Total monthly expenses (add lines 6-13)</b></li> </ol> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table> |  |  |  |  |  |  |  |  |  |
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Revenue (line 5)	-	Expenses (line 14)	=	Monthly Earnings
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**7. STATEMENT OF INCOME**

**Please attach a copy of your most recent pay stub here**

<b>Employer #1</b> _____	Hours/week _____	\$ _____	per _____
<b>Employer #2</b> _____	Hours/week _____	\$ _____	per _____

**Have you applied for any other financial aid?**       Yes       No

If yes, what financial aid source(s) have you applied for?

<input type="checkbox"/> PELL Grant	<input type="checkbox"/> Smart Start Grant	<input type="checkbox"/> Scholarships	<input type="checkbox"/> Student Loans
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<b>Financial Aid #1</b> _____	Date of application _____
Application status <input type="checkbox"/> Awarded	<input type="checkbox"/> Denied <input type="checkbox"/> Pending

<b>Financial Aid #2</b> _____	Date of application _____
Application status <input type="checkbox"/> Awarded	<input type="checkbox"/> Denied <input type="checkbox"/> Pending

YOUR TOTAL INCOME \$ \_\_\_\_\_

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

**8. STATEMENT AND SIGNATURE OF APPLICANT**



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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® North Carolina Scholarship Program for the monetary support that was received in error.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**9. 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](http://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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