

Dear Indiana Non-Formal CDA Applicant,

Thank you for your interest and applying for the Indiana Non-Formal CDA Scholarship. The Indiana Non-Formal Child Development Associate (CDA®) Scholarship is administered by the Indiana Association for the Education of Young Children (INAEYC). The scholarship covers the costs associated with taking the CDA® course. The Non-Formal CDA Scholarship provides the required 120 clock hours of training, assist with the professional portfolio development, prepare the candidate for the CDA exam, and provide an Early Childhood Advisor to support the candidate through credentialing. The Non-Formal CDA Scholarship is aligned with the TEACH Early Childhood® Indiana CDA Assessment scholarship to ensure that your credential fees are supported.

To have your application reviewed and approved in a timely manner, it must be complete. Please ensure everything is included within the application packet including all documents and all pages of application are completed, reviewed, and signed.

You should be proud of your commitment to increase your knowledge and skills, which in turn improves the quality of care the children in your program receive. If you should have any questions regarding the Non-Formal CDA® Scholarship and the application process, please do not hesitate to contact me.

Sincerely,



Emily Roth
Senior Director
Indiana CDA Community Programs

Non-Formal CDA Application Checklists **Indiana Non-Formal CDA Project**

Indiana Non-Formal CDA Applicants

* I have included the following with my application:

- Completed 7 page Non-Formal CDA Application**
- Verification of Income**
(Page 3 completed along with 2 consecutive paystubs within 30 days of when you submit the application, OR If a Family Childcare owner, first two pages of 1040 Taxes and Schedule C Tax form)
- Copy of current center/program license with the Office of Early Childhood and Out of School Learning (OECOSL).**
- Copy of your High School Diploma or HSE Certificate**
- Copy of your Indiana driver's license or State Issued ID Card**

Please include everything in one PDF packet and email directly to the Indiana Non-Formal CDA Project at nfcdaapps@inaeyc.org.

Please do **NOT** send pictures or individual emails for each document.

Indiana Non-Formal CDA Project & TEACH
Early Childhood® Indiana Assessment Application

DATE: _____

Name: _____ SSN#: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Date of Birth(mm/dd/yyyy): _____ Gender: Male Female I prefer not to answer

Family Structure: Married Single Other: _____ How many in household: _____ of those:

How many are: Your Parents: _____ Siblings: _____ Spouse/Significant Other: _____ Children: _____ Other: _____

Are you of Hispanic, Latino, or Spanish origin?

- No Yes, Cuban
 Yes, Mexican, Mexican American, Chicano Other Hispanic, Latino, or Spanish
 Yes, Puerto Rican I prefer not to answer

Do you consider yourself...?

- White Native Chinese Korean Native Hawaiian Other Pacific Islander
 Black/African American Asian Filipino Vietnamese Guamanian/Chamorro Other: _____
 American Indian/Alaska Indian Japanese Other Asian Samoan I prefer not to answer

How did you hear about the Non-Formal CDA Project?

- Presentation My Center Director College Indiana AEYC Conference
 Mailing TEACH Recipient Coach Indiana AEYC Website
 CCR&R Agency Workshop Other: _____

Do you have a desktop computer/laptop/tablet? No Yes

Do you have internet access? No Yes

EMPLOYMENT STATUS

Date of Hire: _____ Rate of pay: \$ _____ /hour Hours worked/week: _____

How long have you worked in the field of early childhood? Less than 1 year 1-5 years 6-10 years 10+ years

What is your current job title?

- Teacher Director Family Child Care Owner Early Head Start Home Visitor
 Teacher Assistant Assistant Director Other: _____

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 Home Visitor

How many children are in your classroom? _____

Are you CPR/First Aid Certified? No Yes

Current fingerprint/background check on file with OECOSL? No Yes

RETURN COMPLETED APPLICATION TO INDIANA AEYC

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Early Childhood® Indiana Assessment Application

Educational History:

- No high school diploma Associate Degree—Major: _____
 High school diploma/HSE Bachelor Degree—Major: _____
 CDA Credential—Expiration Date: _____ Masters Degree—Major: _____

What best describes your educational goals?

- Earn a Child Development Associate (CDA) Credential - Indicate specialization Preschool Infant/Toddler Family Care
 Earn Early Childhood Administrator Credential
 Take a few early childhood courses to meet early childhood education equivalency
 Earn an Early Childhood Associate Degree (Associate of Applied Science)
 Earn an Early Childhood Associate Degree and transfer to a four-year college/university to earn a Bachelor Degree
 Earn a Bachelor Degree in Early Childhood Education with teaching licensure
 Earn a Bachelor Degree in Early Childhood Education (non-licensure)
 Earn a Bachelor Degree in Child Development

Are you currently enrolled at a community college/university? No Yes

If yes, please indicate the college/university: _____

If yes, how far have you progressed toward your degree:

Have you taken any college courses in the past two years? No Yes

Have you taken any ECE credits in the past two years? No Yes

Have you begun the Council for Professional Development Recognition on line application? No Yes

What is your preferred language for learning? _____

STATEMENT & SIGNATURE OF APPLICANT

Check All

- I attest to the fact that the information that I have provided is true and accurate. Based on this information I am applying to the Indiana AEYC/TEACH Early Childhood® Indiana for educational scholarship. I am also aware there is a contractual commitment to work for my sponsoring center or continue to own my family child care after completion of each contract. I understand I must report all changes of information within 7 calendar days.
 I attest I have met or exceeded the requirement for a National Criminal History Check as set forth in IC 10-13-3-3 in compliance with the Indiana Legislation SEA 305 and HEA 1494 effective July 1, 2013, and as required by the Office of Early Childhood and Out-of-School Learning, a division of the Indiana Family and Social Services Administration.
 I understand & accept that the Council for Professional Recognition may share my CDA Credential status with Indiana AEYC.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

Employer: _____ License/Registered/IDOE#: _____

PLEASE ATTACH the following documentation (required to process your application)

- | | |
|--|--|
| <input type="checkbox"/> income verification (<i>pay stubs for the last 30 days OR Taxes-1040-pg 1 & 2, Schedule C business</i>) | <input type="checkbox"/> transcript from previous college |
| <input type="checkbox"/> copy of program license/registration | <input type="checkbox"/> all items checked on application checklist. |
| <input type="checkbox"/> proof of residency | <input type="checkbox"/> we ask that you include everything in one PDF packet and email to nfcdaapps@inaeyc.org . Please do NOT send pictures or individual emails for each document |
| <input type="checkbox"/> high school diploma/high school equivalency (HSE) | |

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STATEMENT OF INCOME

Statement of Income—Completed by all applicants

List sources of income available to you. For your source of income, you must provide a copy of verification of that income. A statement from your employer indicating your weekly working hours and rate of pay (on center letterhead) or copies of all your pay stubs for the last 30 days will verify earnings. **Family child care home providers must also complete the *Statement of Income* on the right, along with legal documentation of income.**

- A. Employer #1: _____
- B. Earnings Job #1: \$ _____/hour
- C. Number of hours worked _____/week
- D. Employer #2: _____
- E. Earnings Job #2: \$ _____/hour
- F. Number of hours worked _____/week
- G. Are you currently a student? No Yes*
 - H. *Scholarship/Grant #1: \$ _____
 - I. *Scholarship/Grant #2: \$ _____
 - J. *Student Loan: \$ _____
- K. Child support/alimony: \$ _____
- L. TANF/Supplemental Security Income: \$ _____
- M. YOUR Total Income \$ _____
Spouse's Income (documentation not required) \$ _____
- N. Total FAMILY income (MONTHLY or YEARLY) \$ _____

Family Child Care Owners—(Additional information required)

Use this to calculate your monthly earnings from your family child care home. Base your answers on last month's receipts. You must include verification of your income, such as copies of your Schedule C(taxes), receipts from each child in your care or a statement detailing your weekly rate and the number of children in your care.

- 1. What is the total amount paid to you by parents each week?
(Do not include CCDF Voucher Payments) \$ _____
- 2. Total Monthly parent fees
[Multiply Line 1 by 4.33 (weeks/month)] \$ _____
- 3. Total Monthly USDA Child & Adult Care Food Program reimbursement? \$ _____
- 4. Total Monthly subsidy reimbursement for children in your care?
(include CCDF Voucher payments here) \$ _____
- 5. Total Monthly Revenue *[Add lines 2, 3, and 4]* \$ _____

Average Monthly expenditures for children in your family child care home for the following categories: *(receipts not needed)*

- 6. Food: \$ _____
- 7. Toys: \$ _____
- 8. Assistant/Substitute wages: \$ _____
- 9. Crafts/Supplies: \$ _____
- 10. Transportation (\$0.45/mile): \$ _____
- 11. Training fees: \$ _____
- 12. Gifts for children/families: \$ _____
- 13. Other: _____ \$ _____
- 14. Total Monthly Expenses *[Add lines 6-13]* \$ _____

REVENUE (line 5)	\$
<i>[minus]</i> EXPENSES (line 14)	-\$
TOTAL MONTHLY EARNINGS <i>(enter on Line B, left)</i>	\$

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RECIPIENT PERSONAL RESPONSIBILITIES AGREEMENT

This is an agreement between TEACH Early Childhood® Indiana and the scholarship recipient

_____. Please read carefully and then sign this agreement. Both your official
Printed Name of Applicant
Contract AND this Agreement must be signed and on file.

Should you be awarded a TEACH Early Childhood® Indiana Scholarship - You should be very proud of yourself for investing in your own future and increasing your education. This scholarship represents an amazing opportunity- a debt free education! This benefit comes with various responsibilities:

As a TEACH Early Childhood® Indiana Scholarship Recipient, I will:

- Attend class, study, work hard and be a responsible student. This is a great opportunity that should be taken seriously.
- Regularly communicate with my TEACH Professional Development Advisor. My advisor is available to help guide me through the process of obtaining my credential, work and family responsibilities. He/She is just a phone call or email away and can answer many questions.
- Contact my TEACH Professional Development Advisor regarding any changes to my employment or application status, or if I am having difficulty in meeting my credential requirements or scholarship contract.
- Submit my CDA Credential within 72 business hours (3 business days) following grades being posted. Keeping my scholarship record up to date is critical to ensuring that I can get my bonus without unnecessary delays.
- Commit to the field of early childhood education for six (6) months upon successful completion of each contract.

Signature of Recipient:_____

Date:_____

Printed Name of Recipient:_____

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CHILD CARE FACILITY PARTICIPATION AGREEMENT

To be used by applicants seeking CDA Assessment and completed by SPONSORING FACILITY

The TEACH Early Childhood® Indiana Scholarship, offered through the Indiana Association for the Education of Young Children, requires the participation of each scholarship recipient’s employing child care center. In the event that _____ is awarded a scholarship, I understand that the center agrees to participate in the following way:

Printed Name of Applicant

_____ **OPTION OF PARTICIPATION**

The participant agrees to:

1. Submit assessment application to TEACH Early Childhood® Indiana
2. Complete Assessment
3. Commit to remaining in the field of early childhood education for six (6) months after receiving the CDA Credential.
4. Notify TEACH Early Childhood® Indiana upon attainment of CDA Credential

The Center/Home agrees to:

1. Allow observation of teacher in center/home by qualified Professional Development Specialist

We assure the option was chosen by the employer.

Signature of Chairperson/Owner: _____ Date: _____

Printed Name of Chairperson/Owner: _____

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CHILD CARE FACILITY INFORMATION

Full Legal Center/Home/Registered Ministry Name: _____

Name of Director: _____

Facility Address: _____

City: _____ State: _____ Zip: _____ County: _____

Facility Phone: _____ Facility Fax: _____

Facility Email Address: _____

License/RM Certificate #(please attach a copy): _____ Exempt: No Yes

Capacity/Number of Children Enrolled: _____

Please check all forms of funding your facility receives:

- Head Start IDEA State Subsidies (CCDF): Vouchers
 Early Head Start On My Way PreK (OMWPK)

Center Type: Licensed School Head Start Public School Registered Ministry Private School

Center Auspices: Profit Nonprofit Head Start

Is this Child Care Program owned or managed by another organization? (Head Start or Multi-Site Programs) No Yes

Name of Parent Company: _____

Address: _____

Accredited: No Yes: Accrediting Body: _____

Paths to QUALITY™: No Yes: Level: 1 2 3 4

We assure that this agency/program/school has met or exceeded the requirement for a National Criminal History Check of all its child care employees and volunteers in compliance with the Indiana Legislation SEA 305 and HEA 1494 effective July 1, 2013, and as required by the Office of Early Childhood and Out-of-School Learning, a division of the Indiana Family and Social Services Administration.

Signature of Chairperson/Owner: _____ Date: _____

Printed Name of Chairperson/Owner: _____

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