

TEACH Early Childhood® Indiana Scholarship
CDA Assessment/Renewal 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: _____

Have either of your parents or any of your brother or sisters attended college? No Yes

Do either of your parents or any of your brothers or sisters have a college degree? No Yes

Are you of Hispanic, Latino, or Spanish origin?

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

Scholarship Model Applying for: (CHOOSE ONLY ONE)

- Child Development Associate (CDA) Assessment Child Development Associate (CDA) Renewal

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

Have you begun the Council for Professional Development Recognition on line application? 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 Other: _____
 Teacher Assistant Assistant Director Early Head Start Home Visitor

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? _____

RETURN COMPLETED APPLICATION TO INDIANA AEYC

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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 at this time?

- Earn a Child Development Associate (CDA) Credential (Infant/Toddler | Preschool | Family Child Care)
 Earn Infant Toddler Credential/Certificate
 Earn Early Childhood Administrator Credential/Certificate
 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
 (TSAP)
 Earn a Bachelor Degree in Early Childhood Education with teaching licensure
 Earn a Bachelor Degree in Early Childhood Education (non-licensure)
 Earn an Bachelor Degree in Child Development
 Earn a Master’s Degree in Early Childhood Education/Child Development
 Earn a Master Teacher Credential (graduate level)

How did you hear about the TEACH Early Childhood® Indiana Project?

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

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 aware that I may be required to pay a portion (5-10%) of the cost of the Council’s application fee. 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)*

- income verification *(pay stubs for the last 30 days OR Taxes-1040-pg 1 & 2, Schedule C business)* certificate of 120 hrs completion *(copy of what is in your portfolio)*
 copy of program license/registration all items checked on application checklist

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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) \$ _____
- [minus] EXPENSES (line 14) - \$ _____*
- TOTAL MONTHLY EARNINGS**
(enter on Line B, left) \$ _____

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RECIPIENT PERSONAL RESPONSIBILITIES AGREEMENT

This is an agreement between TEACH Early Childhood® Indiana and the scholarship recipient _____ Printed Name of Applicant. Please read carefully and then sign this agreement. Both your official Contract (Form A) AND this Agreement must be sign and on file before any reimbursements or charge approvals will take place.

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 college education! This benefit to you comes with various responsibilities.

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

- Complete the credential process and be a responsible candidate. 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 PD Advisor regarding any changes to my employment or application status, or if I am having difficulty in meeting my redential 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 employment in the field of Early Childhood Education.

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 CENTER

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: Contracts
 Early Head Start On My Way PreK (OMWPK) Elementary School Education Act (ESEA)

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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