

TEACH Early Childhood® Indiana Scholarship
CDA Assessment Application - VHS

DATE: _____

Name: _____ SSN#: _____

Street Address: _____

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

Home Phone: _____ Cell Phone: _____

Email Address: _____ Date of Birth(mm/dd/yyyy): _____

Gender: Male Female I prefer not to answer Driver's License #: _____

How many in household: _____

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

Scholarship Model Applying for:

- Child Development Associate (CDA) Assessment for Career and Technical/Vocational High School Students

Do you intend to enroll at a community college/university? Yes No

Which community college/university would you like to attend? _____

Which degree will you be seeking? Child Development Early Childhood Education with licensure
 Early Childhood Education non-licensure Other: Major: _____

PARENT/GUARDIAN INFORMATION

Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

CAREER AND TECHNICAL/VOCATIONAL HIGH SCHOOL INFORMATION

Name of Institution: _____ DOE#: _____

Street Address: _____

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

Instructor Name: _____ PD#: _____

Email: _____ Phone: _____

RETURN COMPLETED APPLICATION TO INDIANA AEYC

TEACH Early Childhood® Indiana is a licensed program of Child Care Services Association. This program is supported by funding from the Child Care Development Block Grant awarded to the Office of Early Childhood and Out-of-School Learning, a division of the Indiana Family and Social Services Administration.

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Educational History:

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

What best describes your educational goals?

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

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 (10%) 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 OR enroll in a 2 year or 4 year early childhood program at a community college or university.
- 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: _____

Instructor Signature: _____ Date: _____

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REFERENCE FORM

Applicant/Student Name: _____

Reference Name: _____

Reference Title: _____

Email: _____ Phone: _____

THIS APPLICANT	Please Circle One				
...has an interest in working with young children	Always	Usually	Sometimes	Never	NA
...is a successful student	Always	Usually	Sometimes	Never	NA
...shows potential for teaching young children	Always	Usually	Sometimes	Never	NA
...respects and always values others of different race, culture, religions and economic backgrounds	Always	Usually	Sometimes	Never	NA
...is active in his/her community (i.e. extra curricular activities, volunteering, etc)	Always	Usually	Sometimes	Never	NA
...has demonstrated an interest in and commitment to early childhood education	Always	Usually	Sometimes	Never	NA
...shows leadership potential	Always	Usually	Sometimes	Never	NA

How long and in what context have you known this applicant?

What makes this applicant an ideal scholarship candidate?

Describe the qualities that make this person an excellent candidate to teach young children and lead our profession.

Additional comments:

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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.
- Pay my bills from TEACH in a timely manner. It is my responsibility to ensure that I am meeting all of my obligations.
- Commit to employment at the sponsoring center specified on my contract.

Signature of Recipient: _____ Date: _____

Printed Name of Recipient: _____

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CAREER & TECHNICAL/VOCATIONAL HIGH SCHOOL PARTICIPATION AGREEMENT

To be used by applicants seeking CDA Assessment and completed by CAREER & TECHNICAL/VOCATIONAL HIGH SCHOOL

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 school. In the event that

_____ is awarded a scholarship, I understand that the school agrees to

Printed Name of Applicant

participate in one of the following ways (please check one to indicate which option you prefer):

_____ **OPTION 1**

The participant agrees to:

1. Pay 10% of CDA Assessment fee (\$42.50)
2. Submit Assessment application to TEACH Early Childhood® Indiana
3. Complete Assessment
4. Commit to remaining in child care for 6 months after receiving the CDA Credential
5. Notify TEACH Early Childhood® Indiana upon attainment of CDA Credential

The school agrees to:

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

_____ **OPTION 2**

The participant agrees to:

1. Submit assessment application to TEACH Early Childhood® Indiana
2. Complete Assessment
3. Commit to remaining in child care for 6 months after receiving the CDA Credential
4. Notify TEACH Early Childhood® Indiana upon attainment of CDA Credential

The school agrees to:

1. Pay 10% of CDA Assessment (\$42.50)
2. Allow observation of teacher in center/home by qualified Professional Development Specialist

By signing below I assure the option was chosen by the school.

Sponsoring School Name: _____

Signature of Instructor: _____ Date: _____

Printed Name of Instructor: _____

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CHILD CARE FACILITY INFORMATION (where student obtains experience hours)

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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