



Child Development Associate (CDA) Assessment Scholarship

Indiana Association for the Education of Young Children, Inc.

T.E.A.C.H. Early Childhood® INDIANA



Today's Date: _____

1. Name: _____ ☐ Female ☐ Male

2. Social Security Number: _____ Birth Date: _____

3. Address: _____

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

4. Phone Numbers

Home: (____) _____ - _____ Work: (____) _____ - _____ Cell: (____) _____ - _____

Fax: (____) _____ - _____

5. Email: _____ @ _____

6. Employment Status:

- What is your job title? _____
- What age group do you provide care for? _____
- How many children are in your classroom? _____
- Beginning date of employment with current employer: (Month / Day / Year) _____ / _____ / _____
- What is your current **hourly salary**? (please attach pay stub) _____
- How many **hours per week** do you work? _____

7. Family Structure: (this information will be used for demographic purposes only)

a. How many people live in your household? _____

b. List everyone in your household and their relationship to you:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

8. Ethnicity: Do you consider yourself . . . ?

- ☐ American Indian (Tribe: _____)
- ☐ Asian/Pacific Islander
- ☐ Bi-racial

- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ White/European-American

☐ Other (please describe): _____



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9. Name of Child Care Center: _____

a. License/registration number: _____ b. License/registration capacity: _____

c. Current enrollment: _____

d. Auspices: ____ Profit ____ Non-Profit ____ Head Start ____ Public School ____ Public ____ Registered Ministry

e. Child Care Center address: _____

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

f. Child Care Center email: _____ @ _____

g. Is your Child Care Center accredited? ☐ YES ☐ NO

h. Is your Child Care Center enrolled in Paths to QUALITY™? ☐ YES ☐ NO

If so, at what Level is your Child Care Center? (circle the appropriate Level) Level 1 Level 2 Level 3 Level 4 (Accreditation)

10. Educational Background:

High School	Dates Attended	Diploma (circle one)	GED (circle one)
		Yes No	Yes No
College/University	Dates Attended	Major(s)	Degree or Credit Hours

11. What are your professional goals in early childhood education? Describe how a CDA Credential will help you achieve these goals. Be sure to include your long-term goals.

12. How did you find out about the T.E.A.C.H. Early Childhood® INDIANA Project?



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13. Do you receive any other financial assistance (i.e. scholarships, grants, loans, etc.)?

___ YES ___ NO

If yes, please list: _____

14. Why should T.E.A.C.H. Early Childhood® INDIANA fund you over other applicants?

15. Do you and/or your family have any special needs or problems that you feel deserve extra consideration?

Please explain:

Participation Agreement & Signature of Applicant

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 Association for the Education of Young Children, Inc. for a scholarship to help pay the cost of educational expenses. I am aware that I may be required to pay a portion (5% - 10%) of the cost of the assessment fee. I am also willing to continue to work at my sponsoring child care center/program/home for six months after receiving the CDA Credential.

Signature of Applicant

Date



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Statement of Income – To be completed by ALL APPLICANTS

Instructions: 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 hours and rate of pay (on center letterhead) or a copy of your most recent pay stub will verify earnings from a job. **Family child care home providers must also complete the *Statement of Income* on the right.**

A. Earnings Job #1 \$_____ per HOUR

B. Employer #1 (enter name of current employer) _____

C. Number of hours worked per week: _____

D. Earnings Job #2 \$_____ per HOUR

E. Name of Employer #2 _____

F. Number of hours worked per week: _____

G. Are you a student? ____ YES * ____ NO

*If YES, answer QUESTIONS H through J
If NO, go to Question K

H. Scholarship/Grant #1: \$_____

I. Scholarship/Grant #2: \$_____

J. Student Loan: \$_____

K. Child support/alimony: \$_____

L. TANF/SSI \$_____

M. YOUR total income: \$_____

N. Total FAMILY income: \$_____
(include your spouse)
Per: (circle one) MONTH YEAR

Family Child Care Providers

Statement of Income – Additional information to be completed by Family Child Care Providers

Instructions: This sheet is to help you determine your monthly earnings from your family child care home. Base your answers on last month's receipts. Special instructions are in italics.

REMEMBER: You **MUST** include verification of your income, such as copies of 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 per month) \$_____

3. How much was your Child & Adult Care Food Program reimbursement? \$_____

4. How much was the subsidy reimbursement for children in your care? (*include CCDF Voucher Payments HERE*) \$_____

5. TOTAL MONTHLY REVENUE (Add lines 2, 3 & 4) = \$_____

Average monthly expenditures for the children in your family child care home for each of the following categories: (receipts not needed to verify)

6. Food: \$_____

7. Toys: \$_____

8. Assistant/substitute care: \$_____

9. Crafts/supplies: \$_____

10. Transportation (\$.45 cents per mile): \$_____

11. Training fees: \$_____

12. Gifts for children/families: \$_____

13. Other: \$_____ (explain) _____
\$_____ (explain) _____
\$_____ (explain) _____

14. Total Monthly Expenses: \$_____
(Add lines 6, 7, 8, 9, 10, 11, 12 & 13)
\$_____ REVENUE, Line 5 - \$_____ EXPENSES, Line 14 = \$_____ MONTHLY EARNINGS
(Enter on Line A, left)

ATTENTION ALL APPLICANTS:

ATTACH A COPY OF MOST RECENT PAY STUB



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Center Participation Agreement

(TO BE COMPLETED BY SPONSORING CHILD CARE CENTER CHAIRPERSON/OWNER)

The Early Childhood CDA Assessment Scholarship Program, offered through the Indiana Association for the Education of Young Children, Inc., requires the participation of each scholarship recipient's employing child care center. In the event that (Applicant's Name) _____ is awarded a scholarship, I understand that the center agrees to participate in one of the following ways: (Please check one to indicate which option you prefer):

For Center Based Teachers / Family Child Care Providers

PLEASE CHOOSE ONE OPTION ONLY

_____ **OPTION I**

Participant agrees to:

- Pay 10% of the assessment fee (\$32.50)
- Submit assessment application to T.E.A.C.H. Early Childhood® INDIANA
- Complete the assessment
- Commit to remaining in child care for 6 months after receiving the CDA Credential
- Send assessment package to T.E.A.C.H. Early Childhood® INDIANA
- Notify T.E.A.C.H. Early Childhood® INDIANA upon attainment of CDA Credential

Center agrees to:

- Allow observation of teacher in center by a qualified CDA Advisor

_____ **OPTION II**

Participant agrees to:

- Complete the assessment
- Submit assessment application to T.E.A.C.H. Early Childhood® INDIANA
- Commit to employment at sponsoring center for 6 months after receiving the CDA Credential
- Notify T.E.A.C.H. Early Childhood® INDIANA upon attainment of CDA Credential

Center agrees to:

- Pay 10% of the assessment fee (\$32.50)
- Allow observation of teacher in center by a qualified CDA Advisor

_____ **OPTION III**

Participant agrees to:

- Pay 5% of the assessment fee (\$16.25)
- Submit assessment application to T.E.A.C.H. Early Childhood® INDIANA
- Complete the assessment
- Commit to employment at sponsoring center for 3 months and to the field of Early Childhood for 6 months after receiving the CDA Credential
- Notify T.E.A.C.H. Early Childhood® INDIANA upon attainment of CDA Credential

Center agrees to:

- Pay 5% of the assessment fee (\$16.25)
- Allow observation of teacher in center by a by a qualified CDA Advisor

I hereby agree to carry forth my commitment as chosen above.

Applicant Signature: _____

Chairperson/Owner Signature (as Applicant's Sponsor): _____



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Application due to Indiana Assoc. for the Education of Young Children	Application Date	Verification visits to occur
NOVEMBER 1	DECEMBER 1	1 ST QUARTER: JAN, FEB, MAR
FEBRUARY 1	MARCH 1	2 ND QUARTER: APR, MAY, JUN
MAY 1	JUNE 1	3 RD QUARTER: JUL, AUG, SEP
AUGUST 1	SEPTEMBER 1	4 TH QUARTER: OCT, NOV, DEC

I intend to apply for assessment for the CDA Credential by (enter date from above): _____

Check that which best applies to your situation:

_____ Center-based infant/toddler program (children up to 36 months)

_____ Center based preschool program (children 3-5 years of age)

_____ Family child care home program (Class I or Class II care home)

_____ Home visitor program

_____ I will apply for the Bilingual Specialization

Center/Program/Home Name: _____ License/Registration Number: _____

Center/Program/Home Address: _____ City: _____ State: _____

Zip: _____ County: _____

Fax Number: (_____) _____ - _____ Center/Program/Home Email: _____@_____

FOR ALL PROGRAMS

Auspice: _____ Profit _____ Non-Profit _____ Head Start

Accredited: _____ YES _____ No

Indicate Type: _____ Licensed _____ Head Start
_____ Registered Ministry _____ School

Enrolled in Paths to QUALITY? _____ YES _____ NO

If YES, indicate current level (circle one):

LEVEL 1 LEVEL 2 LEVEL 3 LEVEL 4 (Accreditation)

HEAD START or MULTI-SITE PROGRAMS MUST ALSO COMPLETE THIS BOX

Is this Child Care Center/Program owned or managed by
another organization?

_____ YES _____ NO

If YES, give the parent company name and address:

FOR ALL PROGRAMS:

Printed name of Chairperson/Owner: _____

Signature of Chairperson/Owner: _____

Return completed application with income verification to:

T.E.A.C.H. Early Childhood® INDIANA

4755 Kingsway Drive, Suite 107, Indianapolis, IN 46205

Questions? Please call (317) 356-6884 or (800) 657-7577 | Fax: (317) 259-9489

******INCLUDE COMPLETED NATIONAL CDA APPLICATION******