

T.E.A.C.H. Early Childhood® Alabama CDA Assessment Fee Scholarship Application

GENERAL INFORMATION:

Social Security Number: _____ - _____ - _____ Date: _____

Name: _____

Address: _____ Apt #: _____

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

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

Email Address: _____

Date of Birth (mm/dd/yyyy): ____/____/____ Gender: Female Male

FAMILY STRUCTURE:

Including *yourself*, how many family members live in your household: _____

- Family Type: Single, no children Married, no children
 Single parent Married parent

EMPLOYMENT STATUS:

What is your current job title?

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

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

- Infants (0-12 months) Preschool (37 Months-Pre-K)
 Toddlers (13-36 Months) School Age

How long have you worked in the field of early childhood?

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

How many children are in your classroom or child care home? _____

How many hours per week do you work? _____

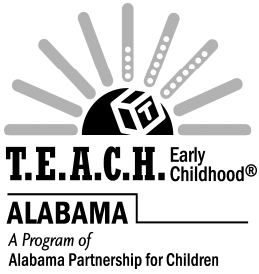
How many months per year do you work? _____

Beginning date of employment at your current facility? _____

What is your current hourly wage? _____

Is your center an Alabama First Class Pre-K site? _____

Are you a teacher in an Alabama First Class Pre-K classroom? _____



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ETHNICITY:

Are you of Hispanic, Latino or Spanish origin?

- | | |
|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano | <input type="checkbox"/> Other Hispanic, Latino or Spanish |
| <input type="checkbox"/> Yes, Puerto Rican | |

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"/> Other Pacific Islanders: _____ |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other Race: _____ |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino | |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese | |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Samoan | |

How did you hear about the T.E.A.C.H. Early Childhood® Project?

- | | | |
|---|---|---|
| <input type="checkbox"/> Presentation | <input type="checkbox"/> College | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Mailing | <input type="checkbox"/> My Center Director | <input type="checkbox"/> Website |
| <input type="checkbox"/> CCR & R Agency | <input type="checkbox"/> T.E.A.C.H. Recipient | <input type="checkbox"/> Other (please specify): _____ |

Please check the box that best describes your educational history:

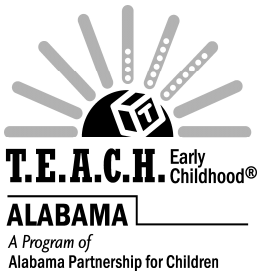
- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> No high school diploma | <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Masters |
| <input type="checkbox"/> High school diploma/GED | Major: _____ | Major: _____ |
| <input type="checkbox"/> 1-year certificate | <input type="checkbox"/> Bachelor Degree | <input type="checkbox"/> Doctorate |
| | Major: _____ | Major: _____ |

Please check one that best describes your educational goals:

- Earn an Early Childhood or School-Age Credential
- Take a few Early Childhood courses to obtain or upgrade job-related skills
- Take Early Childhood courses to complete credit hours for a CDA Credential
- Earn an Early Childhood, Infant/Toddler or School-Age Certificate
- Earn an Early Childhood Associate Degree
- Earn an Early Childhood Associate Degree and transfer to a four-year college/university to earn a Bachelor's Degree

What type of CDA Assessment will you apply for? Yes No

- 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



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- | | | |
|---|------------------------------|-----------------------------|
| Are you completely ready to submit your CDA application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you completed the required 120 hours of training in the 8 CDA training areas? (Please attach transcript or certificates) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you completed the required 480 hours of experience working with children within the past five years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you completed your Professional Resource File? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you collected the required 75% of completed Parent Opinion Questionnaires? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has your Formal Observation by your CDA Advisor been completed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have other scholarships or funding to assist in paying for your CDA assessment fee? If yes, please specify: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

STATEMENT OF INCOME:

Job #1: Employer _____
 Hours/Week _____ Earnings _____ per _____

Job #2: Employer _____
 Hours/Week _____ Earnings _____ per _____

Have you applied for any other financial aid (such as Pell Grants, Leadership Scholarship or student loans?)
 Yes No

Source of financial aid #1: _____
 Date of application: _____
 Application Status: AWARDED DENIED PENDING

Source of financial aid #2: _____
 Date of application: _____
 Application Status: AWARDED DENIED PENDING

YOUR TOTAL INCOME \$ _____

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

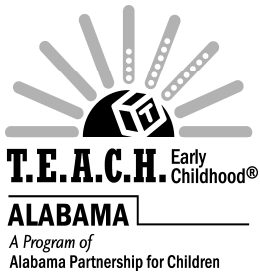
Statement and Signature of Applicant

I attest to the fact that the information that I have provided is true and accurate. Based on this information I am applying to Alabama Partnership for Children for a scholarship to help pay the cost of educational expenses.

 Signature of Applicant

 Date

PLEASE ATTACH A COPY OF YOUR MOST RECENT PAY STUB HERE (CENTER STAFF ONLY)



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Center Owner/Family Child Care Provider Monthly Income Worksheet

Instructions: This sheet is to help you determine your monthly earnings from your child care center/family child care home. For each question, use the amount you made or spent last month. Special instructions are in italics.

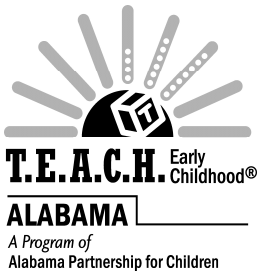
Remember, you must include income verification such as copies of receipts for each of the children in your care or a statement detailing your weekly rate and number of children in your care.

1. What is the total amount paid to you by parents each week? _____
2. Total monthly parent fees—weekly fees x 4.33 (weeks per month) _____
3. How much was your Child & Adult Care Food Program Reimbursement? *(Attach copy of check stub)* _____
4. How much was your Department of Human Resources or Child Care Management Agency subsidy for children in your care? *(Attach copy of check stub)* _____
5. **Total monthly revenue (add lines 2, 3, and 4)** _____

How much did you spend for children in your child care center/family child care home last month on:

6. Food _____
7. Toys _____
8. Assistant/Substitute Care _____
9. Crafts/Supplies _____
10. Transportation (\$0.25/mile) _____
11. Training Fees _____
12. Gifts for Children/Families _____
13. Other (Specify): _____
14. **Total monthly expenses (add lines 6-13)** _____

| | | | | |
|------------------|-------|--------------------|--------|------------------|
| _____ | — | _____ | = | _____ |
| Revenue (line 5) | minus | Expenses (line 14) | equals | Monthly Earnings |



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Center Participation Agreement

(This agreement must be completed by the center chairperson/owner in order to process application)

The CDA Assessment Fee Scholarship offered through the Alabama Partnership for Children requires the participation of each scholarship recipient's employing child care center.

In the event that _____ (insert applicant's name) is awarded a scholarship, I understand that the center/home agrees to participate in one of the following ways. (Please check either option 1 or 2 to indicate which is applicable).

_____ **Option #1-For Center Based Programs**

Participant Agrees to:

1. Pay 7.5% of the assessment fee (\$24.50)
2. Submit assessment application to the Alabama Partnership for Children
3. Complete the assessment
4. Commit to remaining employed in sponsoring child care center for 1 year after receiving the CDA Credential
5. Send assessment package to the Alabama Partnership for Children
6. Notify the Alabama Partnership for Children upon attainment of CDA Credential

Center Agrees to:

1. Pay 7.5% of the assessment fee (\$24.50)
2. Allow observation of teacher in the center by a representative from the Council for Early Childhood Professional Recognition

_____ **Option #2-For Family Child Care Homes**

Participant Agrees to:

1. Pay 15% of the assessment fee (\$49.00)
2. Submit assessment application to the Alabama Partnership for Children
3. Complete the assessment
4. Commit to keeping registered Family Child Care Home in operation for 1 year after receiving the CDA Credential
5. Send assessment package to the Alabama Partnership for Children
6. Notify the Alabama Partnership for Children upon attainment of CDA Credential

Dept. of Human Resources License #: _____ County: _____

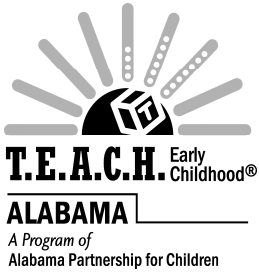
Center/Home Name: _____

Director's Name: _____ Email: _____

Please print name of director or chairperson/owner: _____

Signature of director or chairperson/owner: _____

Date: _____



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Location Address:

_____ zip _____

Phone (____) _____
Fax (____) _____

Mailing Address:

_____ zip _____

To be completed by Center Director or Chairperson/Owner:

FOR ALL PROGRAMS:

- Type: Center Family Home Family Group Home
Center Auspices: Profit Nonprofit Head Start
 Religious/Church Public School

Number of children licensed/registered to care for: _____ Number currently enrolled: _____

Is your center accredited? Yes No

If yes, by whom? _____

Please check all forms of funding your facility receives:

- Head Start State Head Start State Subsidies: Contracts Title I
 Early Head Start State Pre-K State Subsidies: Vouchers IDEA

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:

Parent Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Return this application with income verification and DHR license to:

T.E.A.C.H. Early Childhood® ALABAMA
2595 Bell Road
Montgomery, Alabama 36117

If you have any questions, please call 1-866-711-4025 (toll-free) or 334-271-0304.

www.SmartStartAlabama.org