



When would you like to begin (circle one and fill in the year)?  
 FALL      SPRING      SUMMER \_\_\_\_\_

# Child Development Associate (CDA) Assessment Scholarship Application

Please check one (1) box:     Center Director     Center Teacher     Group Home Provider     Family Child Care Provider

## General Information

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 BIRTHDATE: \_\_\_\_\_ GENDER:    \_\_\_\_ Male    \_\_\_\_ Female  
 STREET ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
 TELEPHONE NUMBERS – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

**EMPLOYMENT STATUS:**

- What is your job title? \_\_\_\_\_
- How many hours per week do you work? \_\_\_\_\_
- Beginning date of employment in current work place? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- What age group(s) do you teach? \_\_\_\_\_
- Number of children in your classroom or child care home? \_\_\_\_\_
- What is your current hourly salary? \_\_\_\_\_

**FAMILY STRUCTURE:**

- How many people live in your household? \_\_\_\_\_
- List everyone in your household and their relationship to you:  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**ETHNICITY:**

\_\_\_\_\_ White/European American      \_\_\_\_\_ Black/African American      \_\_\_\_\_ Hispanic/Latino/Latina  
 \_\_\_\_\_ Asian/Pacific Islander      \_\_\_\_\_ American Indian (Tribe: \_\_\_\_\_)  
 \_\_\_\_\_ Bi-racial      \_\_\_\_\_ Other: \_\_\_\_\_

**How did you find out about the T.E.A.C.H. Early Childhood® Program?**

\_\_\_\_\_

\_\_\_\_\_



## Child Development Associate (CDA) Assessment Fee Scholarship Application

How many years have you worked in the Early Care and Education Profession? \_\_\_\_\_

Is your program participating in *Quality First!*? \_\_\_\_ Yes \_\_\_\_ No

Are you currently participating in the DES Professional Career Pathway Project? \_\_\_\_ Yes \_\_\_\_ No

### Educational Information

#### HIGH SCHOOL

NAME:	DATES ATTENDED:	DIPLOMA RECEIVED? ____ Yes ____ No	G.E.D. RECEIVED? ____ Yes ____ No
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#### COLLEGE/UNIVERSITY

NAME:	DATES ATTENDED:	MAJOR:	DEGREE or CREDIT HOURS:
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Are you currently working on coursework towards the National CDA? \_\_\_\_ Yes \_\_\_\_ No

If Yes, name of college: \_\_\_\_\_

**When do you plan to apply for the CDA Assessment? *You must apply within six months of distributing your parent questionnaires, assembling your resource file and completing your initial observation.***

I plan to apply for the National CDA Assessment by \_\_\_\_\_ (please enter date, month/year).

Have you sent your National CDA Assessment Application to Washington D.C.? \_\_\_\_ Yes \_\_\_\_ No

If Yes, did you submit the application fee? \_\_\_\_ Yes \_\_\_\_ No

If you are in need of a CDA application packet, please contact the Council for Professional Recognition at 1-800-424-4310.

### Monthly Income Statement: Child Care Center Scholarship Applicant

**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, or a most recent paystub, will verify earnings from a job.

Employer: \_\_\_\_\_

Earnings: \_\_\_\_\_ per \_\_\_\_\_ Hours/Week: \_\_\_\_\_

How many months per year do you work? \_\_\_\_\_

What is your total annual income (please submit a copy of your most recent paystub)? \$ \_\_\_\_\_

Total family income (please include your spouse and any additional income you may receive)? \$ \_\_\_\_\_

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 T.E.A.C.H. Early Childhood® Program for a scholarship to help pay the cost of the National CDA Credential assessment fee.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# Child Development Associate (CDA) Assessment Fee Scholarship Application

## Monthly Income Statement: Family Child Care Providers Only

Instructions: For income, use the amount you made last month. For expenses, use the amount you spend in an average month. Round to the nearest dollar. USE PENCIL.

Use the Income/Payment Worksheet included with this application OR submit a list of the children's first names and the amount paid WEEKLY for each child by parents, the amount of MONTHLY agency subsidy for each child, and the amount of MONTHLY reimbursement by the USDA Food Program (if applicable).

<b>1.</b>	<b>What is the total amount paid to you by parents each week?</b>	\$ _____	
	<i>(Multiply by 4.33 which is the number of weeks in a month)</i>		x 4.33
<b>2.</b>	<b>TOTAL MONTHLY PARENT PAYMENTS</b>	\$ _____	
<b>3.</b>	<b>How much is your USDA Food Program reimbursement per month?</b>	\$ _____	
<b>4.</b>	<b>How much DES child care subsidy do you receive for children in your care per month?</b>	\$ _____	
<b>5.</b>	<b>TOTAL MONTHLY INCOME (add lines 2, 3 and 4)</b>	\$ _____	
<b>6.</b>	<b>In an average month, how much do you spend on the children in your child care home? (you do not need to send receipts)</b>	\$ _____	
	a. Food (meals, snacks, formula)	\$ _____	
	b. Operating costs* (rent/mortgage and utilities allowable by IRS as business expenses – about 35% of total household expense for rent/mortgage, utilities and homeowners insurance is chargeable to your business, or check with your accountant)	\$ _____	*
	c. Assistant or substitute	\$ _____	
	d. Crafts/supplies/toys/gifts	\$ _____	
	e. Transportation* (\$0.485 per mile) (____ total miles x .485)	\$ _____	*
	f. Tuition/training fees* (10% of yearly total divided by 12 months)	\$ _____	*
	g. Business liability Insurance (yearly total divided by 12 months)	\$ _____	*
	h. Business phone (business cell or separate number)	\$ _____	
	i. Other (curriculum, advertising, etc. – specify): _____	\$ _____	
<b>7.</b>	<b>TOTAL MONTHLY EXPENSES (add lines 6a through 6i)</b>	\$ _____	
<b>8.</b>	<b>TOTAL MONTHLY PROFIT/LOSS (Subtract Total Monthly Expenses, Line 7, from Total Monthly Income, line 5)</b>	\$ _____	

For your own information, to determine the hourly rate you earn, divide Total Monthly Profit/Loss by the number of hours you work per month (number of hours per week multiplied by 4.33 weeks in a month.)

\*See Monthly Business Operating Expenses Worksheet included.

### STATEMENT & 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 T.E.A.C.H. Early Childhood® Program for a scholarship to help pay the cost of the National CDA Credential assessment fee.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date



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## PARTICIPATION AGREEMENT

The Child Development Associate (CDA) Assessment Scholarship Program offered through the T.E.A.C.H. Early Childhood® Program requires the following:

In the event I am awarded a scholarship, I agree to:

- Pay 15% of the \$325.00 Assessment Fee
- Complete all necessary steps prior to taking the CDA Assessment
- Commit to remaining employed for at least six (6) months at my sponsoring center or family child care home upon completion of the CDA Assessment.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Name of Center or Child Care Home

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Center or Child Care Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date

Return to:  
Association for Supportive Child Care  
T.E.A.C.H. Early Childhood® ARIZONA  
3910 South Rural Road, Suite E  
Tempe, AZ 85282

A Program of:



FIRST THINGS FIRST

[www.azftf.gov](http://www.azftf.gov)