



# Child Development Associate (CDA) RENEWAL 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:

- a. What is your job title? \_\_\_\_\_
- b. What age group do you provide care for? \_\_\_\_\_
- c. How many children are in your classroom? \_\_\_\_\_
- d. Beginning date of employment with current employer: (Month / Day / Year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- e. What is your current **hourly salary**? (please attach pay stub) \_\_\_\_\_
- f. 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. Are you currently on a T.E.A.C.H. Early Childhood® INDIANA scholarship working towards your AA/AAS Degree in Early childhood Education or Child Development?

\_\_\_ YES    \_\_\_ NO

12. Date your original Child Development Associate (CDA) Credential was awarded: \_\_\_\_\_

Date your Child Development Associate (CDA) Credential is due to expire: \_\_\_\_\_

*Attach a copy of your CDA Credential*

13. 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 career goals.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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

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15. Do you receive any other financial assistance (such as scholarships, grants, loans, etc.)?

\_\_\_\_ YES\*      \_\_\_\_ NO

\*If YES, please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Please explain:

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**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 renewal 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 Renewal 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 (\$5.00)
- 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 CDA Renewal 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 (\$5.00)
- Allow observation of teacher in center by a qualified CDA Advisor

\_\_\_\_\_ **OPTION III**

*Participant agrees to:*

- Pay 5% of the assessment fee (\$2.50)
- 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 (\$2.50)
- Allow observation of teacher in center 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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I am applying for a Child Development Associate (CDA) Credential RENEWAL Assessment for the following type of setting:

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

Center-based preschool program (children 3-5 years)

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

Home visitor program

I will apply for the Bilingual Specialization

### Early Childhood Education Reviewer Information:

Name: \_\_\_\_\_

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

Waiver Needed:  Yes  No

### The following must be completed by sponsoring child care center/family child care home/child care program:

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 Center 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)

#### 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 RENEWAL APPLICATION!!!**