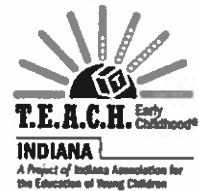




**Indiana Association for the Education of Young Children
T.E.A.C.H. Early Childhood® INDIANA Scholarship Application**



CDA Assessment | CDA Renewal Scholarship Application

Date: _____

Name		
Address		
City	State	Zip
County:		
Home Phone ()	Cell Phone ()	Work Phone ()
SSN:	Date of Birth:	Gender: Female Male
Email:		
Family: Married Single other: _____		How many in household: _____

Employment Status:

Date of Hire: _____	Rate of pay \$ _____ /hour	Hours worked per week _____
What is your current job title? <i>(check one)</i>	<input type="checkbox"/> Assistant Teacher	<input type="checkbox"/> Assistant Director
	<input type="checkbox"/> Teacher	<input type="checkbox"/> Director
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other _____
What age groups do you teach? <i>(please check all that apply)</i>	<input type="checkbox"/> Infants (0-12 Months)	<input type="checkbox"/> Preschool (37 Months - PreK)
	<input type="checkbox"/> Toddler (13-36 Months)	<input type="checkbox"/> School Age
How long have you worked in the field of early childhood?	How many children in your class: _____	
	<input type="checkbox"/> Less than 2 Years	<input type="checkbox"/> 6-10 years
	<input type="checkbox"/> 2-5 Years	<input type="checkbox"/> 10+ years

Scholarship Model Applying for (MUST MARK ONLY ONE)

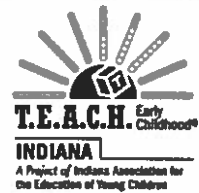
- Child Development Associate (CDA) Assessment Child Development Associate (CDA) Renewal

How long have you worked in the field of early childhood?	<input type="checkbox"/> Less than 2 Years	<input type="checkbox"/> 6-10 Years
	<input type="checkbox"/> 2-5 Years	<input type="checkbox"/> 10+ Years

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Ethnicity

Are you of Hispanic, Latino or Spanish origin?

- No
 Yes, Mexican, Mexican American, Chicano
 Yes, Puerto Rican
 Yes, Cuban
 Other Hispanic, Latino or Spanish

Do you consider yourself....?

- White
 Black, African Am. Or Negro
 American Indian or Alaska Native
 Asian Indian
 Japanese
 Native Hawaiian
 Chinese
 Korean
 Guamanian or Chamorro
 Filipino
 Vietnamese
 Samoan
 Other Asian:
 Other Pacific Islander:
 Other race:

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

- Presentation
 Mailing
 CCR&R Agency
 College
 My Center Director
 T.E.A.C.H. Recipient
 Workshop
 Website
 Other (please specify):

Please check the box that best describes your educational history:

- No high school diploma
 High school diploma/GED
 CDA Credential-current
 Associate Degree (Major: _____)
 Bachelor Degree (Major: _____)
 Masters (Major: _____)
 Doctorate

Please check one that best describes your educational goals:

- Earn Child Development Associate (CDA) Credential
 Earn Early Childhood Administrator Credential
 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's Degree
 Earn a Bachelor Degree in Early Childhood Education with teaching licensure
 Earn a Bachelor Degree in Early Childhood Education (non-licensure)
 Earn a Bachelor Degree in Child Development

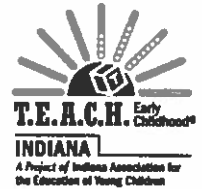
Are you currently enrolled at a community college/university? Yes No

Have you begun the Council for Professional Development Recognition on line application? Yes No

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Statement of Income

<p>Statement of Income – To be completed by ALL APPLICANTS Instructions: List sources of income available to you. <u>For your source of income, you must provide a copy of verification of that income.</u> A statement from your employer indicating your weekly working hours and rate of pay (on center letterhead) or copies of all your pay stubs for the last 30 days will verify earnings. Family child care home providers must also complete the Statement of Income on the right, along with legal documentation of income.</p> <p>A. Earnings Job #1 \$_____ per HOUR</p> <p>B. Employer #1 (enter name of current employer, address with zip code) _____</p> <p>C. Number of hours worked per week: _____</p> <p>D. Earnings Job #2 \$_____ per HOUR</p> <p>E. Name of Employer #2 (enter name of current employer, address with zip code) _____</p> <p>F. Number of hours worked per week: _____</p> <p>G. Are you currently a student? <input type="checkbox"/> YES* <input type="checkbox"/> NO *If YES, answer QUESTIONS H through J If NO, go to Question K</p> <p>H. Scholarship/Grant #1: \$ _____</p> <p>I. Scholarship/Grant #2: \$ _____</p> <p>J. Student Loan: \$ _____</p> <p>K. Child support/alimony: \$ _____</p> <p>L. TANF/Supplemental Security Income \$ _____</p> <p>M. YOUR Total Income: \$ _____</p> <p>N. Total FAMILY income: \$ _____ (include your spouse – documentation not required) Per: (circle one) MONTH YEAR</p>	<p>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.</p> <p>What is the total amount paid to you by parents each week?</p> <p>1. <i>Do not include CCDF Voucher Payments</i> \$ _____</p> <p>2. Total MONTHLY parent fees – <i>Multiply Line 1 by 4.33 (weeks per month)</i> \$ _____</p> <p>3. Total Monthly USDA Child & Adult Care Food Program reimbursement? \$ _____</p> <p>4. Total Monthly subsidy reimbursement for children in your care? <i>(Include CCDF Voucher Payments HERE)</i> \$ _____</p> <p>5. TOTAL MONTHLY REVENUE (Add lines 2, 3 & 4) = \$ _____</p> <p>Average monthly expenditures for the children in your family child care home for each of the following categories: (receipts not needed to verify)</p> <p>6. Food: \$ _____</p> <p>7. Toys: \$ _____</p> <p>8. Assistant/Substitute wages: \$ _____</p> <p>9. Crafts/Supplies: \$ _____</p> <p>10. Transportation (\$.45 cents per mile): \$ _____</p> <p>11. Training fees: \$ _____</p> <p>12. Gifts for children/families: \$ _____</p> <p>13. Other: \$ _____ (explain) _____ \$ _____ (explain) _____ \$ _____ (explain) _____</p> <p>14. Total Monthly Expenses: \$ _____ <i>(Add lines 6, 7, 8, 9, 10, 11, 12 & 13)</i> \$ _____ - \$ _____ = \$ _____ REVENUE, Line 5 EXPENSES, Line 14 MONTHLY EARNINGS (Enter on Line A, left)</p>
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STATEMENT & SIGNATURE OF APPLICANT

Check all three

- 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/T.E.A.C.H. Early Childhood® INDIANA for educational scholarship. I am aware that I may be required to pay a portion (5-10%) of the cost of tuition and books. I am also aware there is a contractual commitment to work for my sponsoring center or continue to own my home family child care after completion of each contract.
- I attest that I have met or exceeded the requirement for a National Criminal History Check as set forth in IC 10-13-3-3 in compliance with the Indiana Legislation SEA 305 and HEA 1494 effective July 1, 2013, and as required by the Indiana Family & Social Services, Division of Family Resources, Bureau of Child Care (or the Indiana Department of Education requirement).
- I understand & accept that the Council for Professional Recognition may share my CDA Credential status with Indiana AEYC.

Signature of Applicant

Date

Employer

License/Registered/ IDOE #

PLEASE ATTACH A COPY OF YOUR 30 DAYS PAY STUB HERE

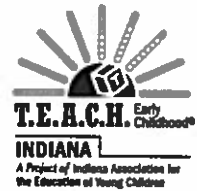
**Return this completed application to:
T.E.A.C.H. Early Childhood®INDIANA
4755 Kingsway Drive, Suite 107, Indianapolis, IN 46205**

If you have questions, please call (317) 356-6884 or (800) 657-7577/to send a fax: (317) 259-9489

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Indiana Association for the Education of Young Children
T.E.A.C.H. Early Childhood® INDIANA Scholarship Application



(To be used by applicants seeking CDA Assessment or CDA Renewal)

Child Care Facility Participation Agreement

(TO BE COMPLETED BY SPONSORING CENTER)

The T.E.A.C.H. Early Childhood® INDIANA Scholarship, offered through the Indiana Association for the Education of Young Children, requires the participation of each scholarship recipient's employing child care center. In the event that _____ is awarded a scholarship, I understand that the center agrees

(Applicant's Name)

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

_____ **Option One**

The participant agrees to:

1. Pay 10% of the assessment/renewal fee cost (\$42.50 or \$12.50)
2. Submit assessment application to T.E.A.C.H. Early Childhood® INDIANA
3. Complete assessment
4. Commit to remaining in child care for 6 months after receiving the CDA Credential
5. Notify T.E.A.C.H. Early Childhood® INDIANA upon attainment of CDA Credential

The Center/Home agrees to:

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

_____ **Option Two**

The participant agrees to:

1. Submit assessment/renewal application to T.E.A.C.H. Early Childhood® INDIANA
2. Complete assessment/renewal
3. Commit to remaining in child care for 6 months after receiving the CDA Credential
4. Notify T.E.A.C.H. Early Childhood® INDIANA upon attainment of CDA Credential

The Center/Home agrees to:

1. Pay 10% of the assessment/renewal fee cost (\$42.50 or \$12.50)
2. Allow observation of teacher in center/home by qualified Professional Development Specialist

_____ **Option Three**

The participant agrees to:

1. Pay 5% of the assessment/renewal fee cost (\$21.25 or \$6.25)
2. Submit assessment/renewal application to T.E.A.C.H. Early Childhood® INDIANA
3. Complete assessment/renewal
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 Center/Home agrees to:

1. Pay 5% of the assessment/renewal fee cost (\$21.25 or \$6.25)
2. Allow observation of teacher in center/home by qualified Professional Development Specialist

Name of Chairperson/Owner

Signature of Chairperson/Owner

Date

We assure the option chosen was chosen by the employer.

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**Indiana Association
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4755 Kingsway Drive
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Indianapolis, IN 46205

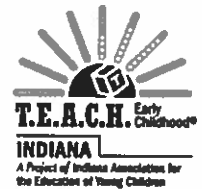
(800) 657-7577 toll free
(317) 356-6884 office
(317) 259-9489 fax

iaeyc.org

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Indiana Association for the Education of Young Children
T.E.A.C.H. Early Childhood® INDIANA Scholarship Application



Center /FCCH/School Address: _____

City: _____ Zip: _____ County _____

Center/FCCH/School Name: _____

Facility Address: _____

City: _____ Zip: _____ County _____

Facility Email Address: _____

Facility Phone: () _____ - _____ Facility fax: () _____ - _____

Name of Director: _____

License/RM Certificate/other (only on request): _____ Exempt: Yes No

Capacity/Number of Children Enrolled _____ / _____

For All Programs

For Head Start or Multi-Site Programs

Center Auspices: Profit Non-Profit Head Start

Accredited: No Yes If so, by whom? _____

Paths to Quality No Yes Level 1 2 3 4

Center Type:

___ Licensed ___ Head Start ___ Registered Ministry
___ School ___ Public School ___ Private School

(Please print name of Chairperson / Owner)

(Signature of Chairperson / Owner)

Date: _____

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

Yes No

If yes, give the parent company name/address:

Three blank lines for providing parent company name/address.

Please check all forms of funding your facility receives:

- Head Start
 Early Head Start
 EEMG
 On-My-Way-PreK (OMWPK)

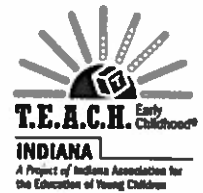
- State Subsidies (CCDF):Vouchers
 IDEA
 State Subsidies: Contracts
 Title I

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, Division of Family Resources, Bureau of Child Care, Division of Family Resources, Bureau of Child Care (or the Indiana Department of Education requirement).

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