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: ____________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County:</th>
<th>Home Phone( )</th>
<th>Cell Phone( )</th>
<th>Work Phone( )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SSN:</th>
<th>Date of Birth:</th>
<th>Gender:</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email:</th>
<th>Family: Married</th>
<th>Single</th>
<th>other:</th>
<th>How many in household:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Employment Status:

<table>
<thead>
<tr>
<th>Date of Hire:</th>
<th>Rate of pay $ _______/hour</th>
<th>Hours worked per week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- What is your current job title? (check one)
  - [ ] Assistant Teacher
  - [ ] Teacher
  - [ ] Other: __________

- What age groups do you teach? (please check all that apply)
  - [ ] Infants (0-12 Months)
  - [ ] Toddler (13-36 Months)
  - [ ] Preschool (37 Months - PreK)
  - [ ] School Age

- How many children in your class: _______

<table>
<thead>
<tr>
<th>How long have you worked in the field of early childhood?</th>
<th>How long have you worked in the field of early childhood?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Less than 2 Years</td>
<td>[ ] 6-10 years</td>
</tr>
<tr>
<td>[ ] 2-5 Years</td>
<td>[ ] 10+ years</td>
</tr>
</tbody>
</table>

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?

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

---

T.E.A.C.H. Early Childhood® INDIANA is a licensed program of Child Care Services Association which receives funding from the Indiana Family and Social Services Administration, Office of Early Childhood and Out-of-School Learning and is administered by the Indiana Association for the Education of Young Children.
Indiana Association for the Education of Young Children
T.E.A.C.H. Early Childhood® INDIANA Scholarship Application

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
☐ CCRR&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
# Statement of Income

**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 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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the total amount paid to you by parents each week?</td>
<td></td>
</tr>
<tr>
<td><em>Do not include CCDF Voucher Payments</em></td>
<td>$</td>
</tr>
<tr>
<td><strong>1.</strong> Total MONTHLY parent fees – Multiply line 1 by 4.33 (weeks per month)</td>
<td>$</td>
</tr>
<tr>
<td><strong>2.</strong> Total Monthly USDA Child &amp; Adult Care Food Program reimbursement?</td>
<td>$</td>
</tr>
<tr>
<td><strong>3.</strong> Total Monthly subsidy reimbursement for children in your care? (Include CCDF Voucher Payments HERE)</td>
<td>$</td>
</tr>
<tr>
<td><strong>5.</strong> TOTAL MONTHLY REVENUE (Add lines 2, 3 &amp; 4) =</td>
<td>$</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Food</td>
<td></td>
</tr>
<tr>
<td>7. Toys</td>
<td></td>
</tr>
<tr>
<td>8. Assistant/Substitute wages</td>
<td></td>
</tr>
<tr>
<td>9. Crafts/Supplies</td>
<td></td>
</tr>
<tr>
<td>10. Transportation ($ .45 cents per mile)</td>
<td></td>
</tr>
<tr>
<td>11. Training fees</td>
<td></td>
</tr>
<tr>
<td>12. Gifts for children/families</td>
<td></td>
</tr>
<tr>
<td><strong>13. Other:</strong></td>
<td></td>
</tr>
<tr>
<td>(explain)</td>
<td></td>
</tr>
<tr>
<td>$ (explain)</td>
<td></td>
</tr>
<tr>
<td>$ (explain)</td>
<td></td>
</tr>
<tr>
<td>Total Monthly Expenses:</td>
<td>$</td>
</tr>
<tr>
<td>(Add lines 6, 7, 8, 9, 10, 11, 12 &amp; 13)</td>
<td></td>
</tr>
<tr>
<td>$ - $ = $</td>
<td>$</td>
</tr>
</tbody>
</table>

**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 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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Earnings Job #1</td>
<td>$</td>
</tr>
<tr>
<td>$ per HOUR</td>
<td></td>
</tr>
<tr>
<td>B. Employer #1 (enter name of current employer, address with zip code)</td>
<td></td>
</tr>
<tr>
<td>C. Number of hours worked per week:</td>
<td></td>
</tr>
<tr>
<td>D. Earnings Job #2</td>
<td>$</td>
</tr>
<tr>
<td>$ per HOUR</td>
<td></td>
</tr>
<tr>
<td>E. Name of Employer #2 (enter name of current employer, address with zip code)</td>
<td></td>
</tr>
<tr>
<td>F. Number of hours worked per week:</td>
<td></td>
</tr>
<tr>
<td>G. Are you currently a student?</td>
<td>YES * NO</td>
</tr>
<tr>
<td>*IF YES, answer QUESTIONS H through K</td>
<td></td>
</tr>
<tr>
<td>If NO, go to Question K</td>
<td></td>
</tr>
<tr>
<td>H. Scholarship/Grant #1</td>
<td>$</td>
</tr>
<tr>
<td>J. Scholarship/Grant #2</td>
<td>$</td>
</tr>
<tr>
<td>K. Student Loan: $</td>
<td></td>
</tr>
<tr>
<td>L. TANF/Supplemental Security Income</td>
<td>$</td>
</tr>
<tr>
<td>M. YOUR Total Income:</td>
<td>$</td>
</tr>
<tr>
<td>N. Total FAMILY income:</td>
<td>$</td>
</tr>
<tr>
<td><em>(include your spouse – documentation not required)</em></td>
<td>Per: (circle one) MONTH YEAR</td>
</tr>
</tbody>
</table>

**Indiana Association for the Education of Young Children**

T.E.A.C.H. Early Childhood® INDIANA Scholarship Application

---

© 2023 Indiana Association for the Education of Young Children, Inc.
4755 Kingsway Drive, Suite 107
Indianapolis, IN 46205

Phone: (317) 259-9489
Fax: (317) 356-6884
Toll Free: (800) 657-7577

www.ieyc.org

3 of 7
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
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:
2. Complete assessment/renewal
3. Commit to remaining in child care for 6 months after receiving the 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 T.E.A.C.H. 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.

T.E.A.C.H. Early Childhood® INDIANA is a licensed program of Child Care Services Association which receives funding from the Indiana Family and Social Services Administration, Office of Early Childhood and Out-of-School Learning and is administered by the Indiana Association for the Education of Young Children.

Indiana Association for the Education of Young Children, Inc. 4755 Kingsway Drive Suite 107 Indiana, IN 46205
(800) 657-7577 toll free (317) 356-6884 office (317) 259-9489 fax
iayc.org

5 of 7
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

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: ________________________________

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).
Return this 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