

Please check the box that best describes your educational history:

- No high school diploma Associate Degree (Major: _____) Doctorate
 High school diploma/GED Bachelor Degree (Major: _____)
 1-year certificate Master Degree (Major: _____)

Please check the box that best describes your educational goal:

- Earn an Early Childhood or School-Age Credential
 Take a few early childhood courses to obtain or upgrade job-related skills
 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 Bachelor's Degree
 Earn an Early Childhood Bachelor's Degree

2. Education Information

I intend to apply for the following type of CDA Credential (please choose one):

- Center based infant/toddler (children up to 36 months of age)
 Center based preschool (children ages 3 to 5 years)
 Family Child Care

Are you currently enrolled at a community college? Yes No

3. Employment Status / Program Information

Employment Status: Employed at a program, complete the questions below.
 Not currently working but employed at a program in the last 12 months, skip to Section 4.

Program License Number: _____ Program Name: _____

Director/Administrator/Owner Name: _____ Title: _____

Program Address: _____

City: _____ Zip: _____ County: _____

Start date of employment at your current program: _____

What is your current job title? <i>(check only one)</i>	<input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Administrator	<input type="checkbox"/> Family Child Care Professional <input type="checkbox"/> Non-Teaching Professional Staff <input type="checkbox"/> Non-Teaching Support Staff
What age groups do you teach? <i>(please check all that apply)</i>	<input type="checkbox"/> Infants (0-12 Months) <input type="checkbox"/> Toddler (13-36 Months)	<input type="checkbox"/> Preschool (37 Months – Pre-K) <input type="checkbox"/> School-Age

What is your current hourly wage? _____

How many hours per week _____ (0-60) and months per year _____ (0-12) do you work?

Average daily number of children in your classroom _____

Type of Program: Head Start For profit Not for profit
Step Up To Quality Rating: One Star Two Star Three Star Four Star Five Star Not SUTQ rated
Part-time Program? Yes No (check one) Hours per day children are in care?_____

Is your program accredited? Yes No If yes, by whom?_____

4. Professional Registry

Your OPIN Number (from the Ohio Professional Registry):_____

If you do not remember your OPIN, use this link to login to your registry account and view your OPIN:
<https://registry.occrra.org/user/login>

If you are not yet in the Registry, use this link for instructions to start using the Registry:
<https://occrra.org/wp-content/occrra/opr/opr-profile-user-guide.pdf>
Completing steps 1, 2 and 3 will let you view your OPIN on your Profile Summary page.

5. Statement and Signature of Applicant

I, _____ (applicant’s name) attest that the information provided on this application and the supporting documentation is true to the best of my knowledge. I understand that the social security number provided is my correct tax identification number and I am a U.S. citizen. I understand that falsifying application information or documentation or the failure to comply with documentation requirements may result in the inability to be a participant in this program. If my participation is terminated due to my failure to comply with documentation requirements, I understand that my employer may be notified along with the program funder. If for any reason the scholarship money is issued incorrectly as a result of false information provided by me, I acknowledge that I will be required to reimburse OCCRRA / T.E.A.C.H. Early Childhood® OHIO for the monetary support that was received in error. Based on this information, I am applying for a scholarship from OCCRRA / T.E.A.C.H. Early Childhood® OHIO to help pay the cost of early childhood education expenses.

6. Participation Agreement

Scholarship recipient agrees to:

- Complete 120 hours of online training provided by ProSolutions.
- Complete all requirements outlined in this agreement during the specified contract period

* By signing below you are indicating your agreement with all statements in this application as well as the terms stated in Section 5 and 6.

Signature of Applicant

Date

Checklist for the CDA Online Training Scholarship Application

In order to process your scholarship application, please send to:

Ohio Child Care Resource and Referral Association
T.E.A.C.H. Early Childhood® OHIO
Email: teach@ocrra.org

Please contact the T.E.A.C.H. office if you have any questions - 877-547-6978 (toll free); 614-396-5959; 614-396-5960 (fax); or email teach@ocrra.org

Once the application is submitted, a scholarship counselor will be in touch with next steps.