



Child Development Associate (CDA) Assessment Fee Scholarship



Please make a copy of items, including payments, for your records

1. Personal Information

Please Print

Application Date: Social Security #1:

Name: First Middle Last

Address:

City: State: OH Zip: County:

Home Phone #: Cell Phone #: Fax #

Gender: Female Male Date of Birth:

E-mail:

Are you a citizen of the United States? Yes No (1 If not a citizen or no SSN, please complete IRS form W-9)

How did you find out about the T.E.A.C.H. Early Childhood Project? (check one) Mailing My Center Director T.E.A.C.H. Recipient CCR&R Agency College Website Presentation Workshop Other (please specify):

Family Structure: How many people live in your household? Of these, how many are: Your Parents? Siblings? Spouse/Significant Other? Children? Others?

Ethnicity: Are you of Hispanic, Latino, or Spanish origin? No Yes, Mexican, Mexican American Yes, Puerto Rican Yes, Cuban Yes, Other Hispanic, Latino or Spanish

Do you consider yourself...? White Black/African American American Indian or Alaska Native Asian Indian Japanese Native Hawaiian Guamanian or Chamorro Korean Chinese Vietnamese Samoan Filipino Other Pacific Islanders: Other Asian: Other race:

The above information is used for demographic purposes only

How long have you worked in the early childhood education field?

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

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

***The following four requirements, as outlined in the CDA Competency Standards book, must be completed prior to submitting this application:***

- 1) Have you completed 120 hours of education in 8 subject areas in the last 5 years?       Yes       No
- 2) Do you have at least 480 hours of professional experience within the past 3 years?       Yes       No
- 3) Have you completed the professional portfolio within the past 6 months?       Yes       No
- 4) Have you gathered family questionnaires within the past 6 months?       Yes       No

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

Is there a community college you would like to attend? \_\_\_\_\_ Campus: \_\_\_\_\_

## 3. Employment Status

Program License Number: \_\_\_\_\_ Program Name: \_\_\_\_\_

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"/> Family Child Care Professional <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Non-Teaching Professional Staff <input type="checkbox"/> Administrator <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"/> Preschool (37 Months – Pre-K) <input type="checkbox"/> Toddler (13-36 Months) <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 \_\_\_\_\_

## 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://login.ocrra.org/>

If you are not yet in the Registry, use this link for instructions to start using the Registry:  
<http://www.opdn.org/documents/RegistryBasicInstructions.pdf>

Completing steps 1, 2 and 3 will let you view your OPIN on your Profile Summary page.

## 5. Additional Program Information

Director/Administrator/Owner Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Program Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Program Phone: \_\_\_\_\_ Program Fax: \_\_\_\_\_

Program Email: \_\_\_\_\_

Program Mailing Address, if Different Than Above:	Program Billing Address, if Different Than Above:
Street:	Street:
City: Zip Code:	City: Zip Code:
Phone: ( )	Phone ( )
Fax: ( )	Fax: ( )

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? \_\_\_\_\_

# of children currently enrolled: \_\_\_\_\_ # of children on state subsidy: \_\_\_\_\_

**Please check all forms of funding your facility receives (check all that apply):**

Head Start  State Pre-K  Title I  State Subsidies: Contracts

Early Head Start  IDEA  State Subsidies: Vouchers

# of full-time staff: \_\_\_\_\_ # of staff that work less than 12 months per year: \_\_\_\_\_

# of part-time staff (work less than 40 hours per week): \_\_\_\_\_

## 6. 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 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 T.E.A.C.H. Early Childhood® OHIO to help pay the cost of early childhood education expenses.

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

\_\_\_\_\_  
Date

## 7. Participation Agreement

### Scholarship recipient agrees to:

- Complete and submit the *T.E.A.C.H. CDA Assessment Fee Application*
- Pay \$50 of the Assessment Fee\*
- Submit verification of 120 hours of education in 8 subject areas to the OCCRRA office  
**(Education must have been obtained in the last 5 years)**
- Commit to continued employment at the sponsoring child care program, or to keep her Type B Family Child Care Home open for six months after the date indicated on the CDA Credential
- Send a copy of the CDA Credential to the OCCRRA office once received
- Complete all requirements outlined in this agreement during the specified contract period

### **Skip the next section if you are a Type B Family Child Care professional or owner of a licensed program and sign only as applicant below**

### The Sponsoring Child Care Program agrees to:

- Allow observation of the scholarship recipient in the center by a representative of the Council for Professional Recognition

### The Sponsoring Child Care Program Representative agrees to:

(Choose one of the options below by checking the appropriate box)

**OPTION 1:** Pay \$100 bonus award to the recipient after receipt of the CDA Credential (OCCRRA will also pay a \$100 bonus award to the recipient)

**OPTION 2:** Grant the recipient a 1% raise within 30 days after receipt of the CDA Credential (OCCRRA will also pay a \$100 bonus award to the recipient)

**OPTION 3:** Pay \$100 of the assessment fee to OCCRRA (**must be included with application for this scholarship and made payable to OCCRRA\***) OCCRRA will pay a \$200 bonus award to the recipient

\*Payments received by OCCRRA will be refunded in the event the scholarship is not awarded. By signing below you are indicating your agreement with all statements in this application and understand that a check or money order (made out to OCCRRA) must accompany this application.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Program Director/Owner or Board Chairperson

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Program

**T.E.A.C.H. Early Childhood® OHIO**  
**Checklist of Attachments for the**  
**CDA Assessment Fee Scholarship Application**

In order to process your scholarship application, please send the following items to:

Ohio Child Care Resource and Referral Association  
T.E.A.C.H. Early Childhood® OHIO  
2469 Stelzer Road  
Columbus, OH 43219  
Fax 614-396-5960  
Email: [teach@ocrra.org](mailto:teach@ocrra.org)

**All Scholarship Applicants:**

- Completed and signed T.E.A.C.H. CDA Assessment Fee Scholarship Application
- Proof of completion of 120 hours of professional education **within the last 5 years**
- Copy of your program license
- Check or money order for \$50 to cover the applicant's portion of the Assessment Fee (payable to OCCRRA)

**Center Staff:**

- If Scholarship **OPTION 3** (on page 5 titled *Participation Agreement Page*) is chosen, the program must include a \$100 check or money order payable to OCCRRA
- Verification of income: Copy of a current paycheck stub

**Type A and Type B Family Child Care Professionals:**

- Verification of income:
  - A month of four consecutive weekly statements from your county portal which provides the amount of payment and family copays
  - Copies of private pay receipts from the same time period or signed statements from families stating how much they pay for care
  - If you participate in the Food Program, a copy of your most recent payment

Use this link to see what comes next in the application process:

[http://teach.ocrra.org/documents/whats\\_next.pdf](http://teach.ocrra.org/documents/whats_next.pdf)

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](mailto:teach@ocrra.org)

## Statement of Income for Type-B Professional

Instructions: This sheet is to help you determine your monthly earnings and hourly rate from your family child care home business. For each question, use the monthly amount you earn and expense incurred. These must come from the same month. **Remember, you must include verification of your income such as copies of receipts for each of the children you care for or a signed statement from each parent with the amount paid each week.** You will also need documentation for publicly subsidized children.

### A. MONTHLY REVENUE

1. How much did you receive from private pay parents? \$ \_\_\_\_\_
  2. How much was the Title XX/ODJFS subsidy for children in your care? \$ \_\_\_\_\_
  3. How much did you receive in co-pays from subsidy parents? \$ \_\_\_\_\_
  4. How much was your Child & Adult Care Food Program Reimbursement? \$ \_\_\_\_\_
- Total \$  Box 1

### B. MONTHLY EXPENSES

How much did you spend on your home child care business last month for:

- |  |   |
|--|---|
| 1. Food Expenses \$ _____  | 5. Transportation \$ _____<br>(use \$0.25 per mile) |
| 2. Toys \$ _____   | 6. Training fees \$ _____                           |
| 3. Assistant/Substitutes Care \$ _____   | 7. Gifts for Children/Families \$ _____             |
| 4. Crafts/Supplies \$ _____  | 8. Other \$ _____ Specify _____                     |
| Total \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> Box 2 |   |

### C. HOURS WORKED

In a typical week:

DAY	EXAMPLE	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<b>Time first child arrives</b>	<i>7 am</i>							
<b>Time last child leaves</b>	<i>3 pm</i>							
<b>Total hours Per day</b>	<i>8 hours</i>							

Sum your total hours worked per day to get your total hours worked per week and enter here  Box 3. We only count up to 60 hours worked per week when figuring a wage per hour. We multiply your total hours worked per week (up to 60) by 4.33 to get the answer in Box 4, hours per month.

### D. ESTIMATE HOURLY WAGE

$$\frac{\text{Box 1} - \text{Box 2}}{\text{Box 3}} = \text{Box 5 wages per hour}$$

BOX 1 -  Box 2 =  Box 5 wages per hour

Box 4 hours per month