

Texas CDA Training Partnership Scholarship Application



Texas Association for the Education of Young Children



Required Documentation
Scholarship Applications WILL NOT be processed without the following:

Applicant Name: _____
Applications may take 4-6 weeks to process.

Do not send any money with this application, payments are only accepted once you are awarded a scholarship.

ALL Applications

- ALL fields filled in
- Statement of Income (check stub, Schedule C)
- Center/Family Home/ISD Information Form (page 5)
- Application Verification, signed (page 4)
- Center Workforce Contract (private child care programs only)
- Letter of Interest for Texas Rising Star or Certificate of Texas Rising Star Level (center programs only)
- Authorization to Work Form and 2 Forms of Identification
- Copy of High School Diploma/GED/or Unofficial College Transcripts
- Texas Workforce Registry- Professional Development Report

Return this application with required documentation to:
Texas Association for the Education of Young Children
P.O. Box 4997 Austin, Texas 78765
Phone: 512-215-8142 Fax: 866-240-5175 cdatraining@texasaeyc.org

OFFICE USE ONLY

_____ Date Received	_____ Income Verification	_____ 1 st Approval
_____ Database		_____ 2 nd Approval

DEMOGRAPHIC INFORMATION -THIS INFORMATION WILL BE USED FOR STATISTICAL AND DEMOGRAPHIC PURPOSES AND WILL NOT DETERMINE ELIGIBILITY

Ethnicity:

Are you of Hispanic, Latino, or Spanish origin?

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

Do you consider yourself...?

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

Languages I can speak fluently:

- Arabic Korean Thai
 Armenian Lao Tribal: _____
 Chinese Persian Urdu
 Creole Polish Vietnamese
 English Portuguese Yiddish
 French Russian Other: _____
 Greek Spanish
 Hindi Swahili
 Japanese Tagalog

Preferred language: _____

EMPLOYMENT STATUS (check all that apply)

What is your current job title?

- Teacher Assistant teacher
 Administrator Owner/director
 Family based professional Non-teaching professional staff (not eligible for T.E.A.C.H.)
 Non-teaching support staff (specify) _____

How long have you worked in the early childhood field?

- less than 2 years 6-10 years
 2-5 years 10+ years

What age groups do you teach?

- Infants (0-12 months) Toddler (13-36 months)
 Preschool (37 months-PreK) School age

Please check one that best describes your educational goals:

- Early childhood or school-age credential (CDA) Take a few early childhood courses to obtain/upgrade job-related skills
 Early childhood associate degree Early childhood, infant/toddler or school-age certificate (diploma)
 Bachelor degree in early childhood education
 Early childhood associate degree and transfer to a four-year college/university to earn a bachelor degree
 Bachelor degree in early childhood or child and family studies
 Complete coursework to help program meet a quality measure

How many children are in your classroom or child care home? _____

How many hours per week do you work? _____

How many of these hours are directly providing care? _____

How many hours per week is your program open? _____

How many months per year do you work? _____

STATEMENT OF INCOME - THIS INFORMATION WILL BE USED FOR STATISTICAL AND DEMOGRAPHIC PURPOSES AND WILL NOT DETERMINE ELIGIBILITY

Beginning date of employment at current facility? _____

Are there children with special needs in your care? Yes No

Job #1 Employer _____ Hours/Week _____ Earnings _____
per _____

(hourly rate preferred)

Job #2 Employer _____ Hours/Week _____ Earnings _____
per _____

(hourly rate preferred)

Have you applied for financial aid by filling out the FAFSA? Yes No **attach proof of application**

Have you applied for any other financial aid (such as grants or student loans)? Yes No

YOUR TOTAL INCOME \$ _____ attach **a copy of most recent pay stub or schedule C (home providers)**

TOTAL FAMILY INCOME (spouse included) \$ _____

Participation Agreement

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 CDA Training Program for a scholarship to help pay for educational expenses.

Signature of Applicant

Date

APPLICATION VERIFICATION

Check off the following statements to verify that you meet all requirements for a CDA. Any untrue or inaccurate response may result in a repayment of scholarship funds and termination of scholarship:

- I will submit an initial participation fee of \$35 and a second payment of \$50 due once 50% of the training has been completed, which will be repaid to me in the form of an \$85 bonus after I have successfully completed all 120 hours.
- I have a high school diploma or GED.
- I live and work in Texas.
- I am at least 18 years of age or older.

I attest the information I have provided is true and accurate. Based on this information, I am applying for a scholarship to help pay the cost of educational and textbook expenses for the Child Development Associate Credential training. Additionally, I understand that I must report all changes of information within 7 calendar days.

Signature of Applicant: _____

Printed Name of Applicant: _____

Date: _____

PLEASE ATTACH the following documentation (required to process your application)

- Copy of your most recent pay stubs (pay stubs for the last 30 days)
- Center Workforce Contract (private child care programs only)
- Letter of Interest in Texas Rising Star or Certificate of Star Level
- Authorization to Work Form and 2 Forms of Identification
- Copy of High School Diploma/GED or College Transcripts
- Copy of Professional Development Plan

DIRECTIONS: Section A must be completed by director or owner.

A. CHILD CARE CENTER/FAMILY HOME/ISD INFORMATION

Center Name	
License Number	
License Type	Circle One: Full Permit Initial Permit Registered Certified ISD
Address	
City, State, Zip	
County	
Phone Number	
Email	
Director/Owner	

Is this child care program owned or managed by another organization?

____ Yes ____ No

If yes, Please provide the company name and billing address where we should send checks and invoices if different than above:

Company Name _____ Attention: _____

Address _____ City _____ Zip _____

Please fill this portion out to complete application. Failure to provide this information will delay review process.

Center Auspice (check one): ____ Profit ____ Nonprofit ____ Head Start ____ Public Pre-K/ISD ____ Military ____ Faith-based

Center Capacity _____ Number of children currently enrolled: _____

Total number of Workforce subsidized children served _____

Total number of: _____ Full-Time Staff _____ Part-Time Staff

Number of staff employed less than 12 months: _____

Is your Center accredited: ____ Yes ____ No If yes, by whom? _____

Is your center a Texas Rising Star center? ____ Letter of Interest ____ 2 Star ____ 3 Star ____ 4 Star

Besides Parent Fees, please check all forms of funding your facility receives:

____ Head Start ____ Early Head Start ____ State PreK ____ Title 1 ____ IDEA

____ State Subsidies (Contracts: Texas Workforce Subsidies)

(Please include a copy of the contract showing subsidized children are accepted into the program or ISD PreK Partnership Agreement.)

Center/Program Participation Agreement

The CDA Training scholarship Program offered requires the participation of each scholarship recipient's employing child care program. In the event this applicant is awarded a scholarship, I understand the program agrees to allow the recipient to work toward the completion of their CDA Credential.

Signature of Director/Supervisor

Printed Name

Date

**WORKFORCE INVESTMENT ACT
CITIZENSHIP/ELIGIBLE NONCITIZEN STATUS
AUTHORIZATION TO WORK**

For individuals to participate in Workforce Investment Act programs, they must be authorized to work in the United States. Please complete the following form, choosing one item from List A, or one item from List B and one item from List C.

Print Name: Last	First	MI Maiden Name

Date of Birth (month/day/year)

Social Security Number

All documents must be unexpired

LIST A Documents That Establish Both Identity and Employment Eligibility	LIST B Documents That Establish Identity	LIST C Documents That Establish Employment Eligibility
OR		
<input type="checkbox"/> U.S. Passport or U.S. Passport Card <input type="checkbox"/> Permanent Resident Card or Alien Registration Receipt Card (Form I-551) <input type="checkbox"/> Foreign Passport, that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigration visa <input type="checkbox"/> Employment Authorization Document that contains a Photograph (Form I-766) <input type="checkbox"/> In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form <input type="checkbox"/> Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI <input type="checkbox"/> Expedited Eligibility through UI, RRES, or RES/REA	<input type="checkbox"/> Driver's License or ID Card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address <input type="checkbox"/> ID Card issued by federal, state, or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address <input type="checkbox"/> School ID Card with a photograph <input type="checkbox"/> Voter's Registration Card <input type="checkbox"/> U.S. Military Card or Draft Record <input type="checkbox"/> Military Dependent's ID Card <input type="checkbox"/> U.S. Coast Guard Merchant Mariner Card <input type="checkbox"/> Native American Tribal Document <input type="checkbox"/> Driver's License issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: <input type="checkbox"/> School record or report card <input type="checkbox"/> Clinic, doctor, or hospital record <input type="checkbox"/> Day care or nursery school record	<input type="checkbox"/> Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States <input type="checkbox"/> Certificate of Birth Abroad issued by the Department of State (Form FS-545) <input type="checkbox"/> Certification of Report of Birth issued by the Department of State (Form DS-1350) <input type="checkbox"/> Original or certified copy of a birth certificate issued by a State, county, municipal authority or territory of the United States bearing an official seal <input type="checkbox"/> Native American Tribal Document <input type="checkbox"/> U.S. Citizen ID Card (INS Form I-197) <input type="checkbox"/> Identification Card for use of Resident Citizen in the United States (Form I-179) <input type="checkbox"/> Employment authorization document issued by the Department of Homeland Security

CERTIFICATION

I certify that the information stated above is true and accurate, and understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination or penalties as specified by law.

Applicant Signature _____

Date _____

Texas AEYC Office Staff Signature _____

Print Name _____

Date _____

Manager/Reviewer Signature _____

Print Name _____

Date _____