



# T.E.A.C.H. Early Childhood® North Carolina CDA Certificate Renewal Scholarship Program Application



## 1. PERSONAL INFORMATION

Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

County \_\_\_\_\_

Phone Number Home: (    ) Cell: (    ) Work: (    )

Email \_\_\_\_\_

Date of Birth       (mm/dd/yyyy)      

Gender \_\_\_\_\_

### Ethnicity

Are you of Hispanic, Latino or Spanish origin?

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

Do you consider yourself....?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> White                            | <input type="checkbox"/> Chinese               | <input type="checkbox"/> Other Asian:             |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Korean                |   |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other Pacific Islanders: |
| <input type="checkbox"/> Asian Indian                     | <input type="checkbox"/> Filipino              |   |
| <input type="checkbox"/> Japanese                         | <input type="checkbox"/> Vietnamese            | <input type="checkbox"/> Other race:              |
| <input type="checkbox"/> Native Hawaiian                  | <input type="checkbox"/> Samoan                |   |

The above information is used for demographic purposes only.

Please check the box indicating what language(s) you speak fluently (please check all that apply)

- |                                   |                                     |  |
|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Arabic   | <input type="checkbox"/> Japanese   | <input type="checkbox"/> Swahili       |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Korean     | <input type="checkbox"/> Tagalog       |
| <input type="checkbox"/> Chinese  | <input type="checkbox"/> Lao        | <input type="checkbox"/> Thai          |
| <input type="checkbox"/> Creole   | <input type="checkbox"/> Persian    | <input type="checkbox"/> Tribal: _____ |
| <input type="checkbox"/> English  | <input type="checkbox"/> Polish     | <input type="checkbox"/> Urdu          |
| <input type="checkbox"/> French   | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Vietnamese    |
| <input type="checkbox"/> Greek    | <input type="checkbox"/> Russian    | <input type="checkbox"/> Yiddish       |
| <input type="checkbox"/> Hindi    | <input type="checkbox"/> Spanish    | <input type="checkbox"/> Other: _____  |

How many people live in your household? \_\_\_\_\_ Of those, how many are:

Your parents? \_\_\_\_ Siblings? \_\_\_\_ Spouse or significant other? \_\_\_\_ Children? \_\_\_\_ Other? \_\_\_\_

Have either of your parents or any of your brothers or sisters attended college?

- Yes  No

Do either of your parents or any of your brothers or sisters have a college degree?

- Yes  No

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

- |                                       |   |                                       |
|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Presentation | <input type="checkbox"/> College Instructor | <input type="checkbox"/> Coworker     |
| <input type="checkbox"/> Mailing      | <input type="checkbox"/> Employer           | <input type="checkbox"/> CCSA Website |

This application **must** be submitted with **all** applicable items listed in the mandatory paperwork section of this application.

**2. EDUCATION INFORMATION**

Are you CPR/First Aid Certified?  Yes  No

Please check the box indicating what credentials and specializations you currently hold

- |  |   |
|--|---|
| <input type="checkbox"/> CDA: Infant/Toddler         | <input type="checkbox"/> Specialization: Bi-Lingual (language: _____) |
| <input type="checkbox"/> CDA: Preschool              | <input type="checkbox"/> North Carolina Issued Credential             |
| <input type="checkbox"/> CDA: Family Child Care Home | <input type="checkbox"/> Post BA (state teaching license)             |
| <input type="checkbox"/> CDA: Home Visitor           | <input type="checkbox"/> Not Applicable                               |

Please check the box that best describes your educational history

- |   |  |
|---|--|
| <input type="checkbox"/> No high school diploma             | <input type="checkbox"/> Bachelor Degree<br>(Major: _____) |
| <input type="checkbox"/> High school diploma/GED            | <input type="checkbox"/> Masters<br>(Major: _____)         |
| <input type="checkbox"/> 1-year certificate                 | <input type="checkbox"/> Doctorate                         |
| <input type="checkbox"/> Associate Degree<br>(Major: _____) |  |

When do you intend to apply for your credential renewal? (mm/dd/yyyy)

Which assessment will you renew?

- Center-based infant/toddler program (children up to 36 months)  
 Center-based preschool program (children 3-5 years)  
 Family child care program (small or large child care home)  
 Home visitor program  
 Bilingual Specialization

Have you taken any college courses in the past two years?  Yes  No  
 Have you taken any ECE credits in the past two years?  Yes how many? \_\_\_\_\_  No

What is your preferred language for learning? \_\_\_\_\_

Are you currently enrolled at a North Carolina community college?  Yes  No

When would you like your scholarship to begin?  Fall  Spring  Summer (year) \_\_\_\_\_

Which community college would you like to attend? (Do not abbreviate) \_\_\_\_\_

**3. EMPLOYMENT STATUS**

What is your current job title?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Teacher           | <input type="checkbox"/> Administrator             | <input type="checkbox"/> Non-Teaching Professional Staff |
| <input type="checkbox"/> Assistant Teacher | <input type="checkbox"/> Family Based Professional | <input type="checkbox"/> Non-Teaching Support Staff      |

What age groups do you teach? (please check all that apply)

- |   |   |
|---|---|
| <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                   |

Is your center a NC Pre-K site?  Yes  No

Are you a teacher in a NC Pre-K classroom?  Yes  No

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

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

How many children are in your classroom or child care facility (if you don't work in 1 classroom)? \_\_\_\_\_

How many hours per week do you work? \_\_\_\_\_

How many months per year do you work? \_\_\_\_\_

Beginning date of employment at current facility? (mm/dd/yyyy) \_\_\_\_\_

What is your current hourly salary? \_\_\_\_\_



Return this application with mandatory paperwork to: T.E.A.C.H. Early Childhood® North Carolina  
 P.O. Box 231 Chapel Hill, NC 27514 or fax (919) 967-7040  
 If you have any questions, please call (919) 967-3272 www.childcareservices.org



**4. CENTER OWNER/FAMILY BASED PROFESSIONAL MONTHLY INCOME WORKSHEET**

Instructions: This sheet will help you determine your monthly earnings from your day care center/family child care home. For each question, use the amount you made or spent last month. Special instructions are in italics.

Remember, you MUST include income verification such as copies of receipts for each of the children you take care of or a statement detailing your weekly rate and number of children you care for.

1. What is the total amount paid to you by parents each week?
2. Total monthly parent fees - weekly fees x 4.33 (weeks per month)
3. How much was your Child & Adult Care Food Program Reimbursement?
4. How much did you receive from the Dept. of Social Services or other agencies for child care subsidy for children in your care?
5. **Total monthly revenue (add lines 2, 3, and 4)**


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

6. Food
7. Toys
8. Assistant/Substitute Care
9. Crafts/Supplies
10. Transportation (\$0.25/mile)
11. Training Fees
12. Gifts for Children/Families
13. Other (specify)
14. **Total monthly expenses (add lines 6-13)**


Revenue (line 5)	-	Expenses (line 14)	=	Monthly Earnings
------------------	---	--------------------	---	------------------

**5. STATEMENT OF INCOME**

Please attach a copy of your most recent pay stub here

**Employer #1** \_\_\_\_\_ Hours/week \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

**Employer #2** \_\_\_\_\_ Hours/week \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

**Have you applied for any other financial aid?**  Yes  No  
 If yes, what financial aid source(s) have you applied for?  
 PELL Grant  Smart Start Grant  Scholarships  Student Loans

**Financial Aid #1** \_\_\_\_\_ Date of application \_\_\_\_\_  
 Application status  Awarded  Denied  Pending

**Financial Aid #2** \_\_\_\_\_ Date of application \_\_\_\_\_  
 Application status  Awarded  Denied  Pending

YOUR TOTAL INCOME \$ \_\_\_\_\_

YOUR TOTAL FAMILY INCOME (your spouse included) \$ \_\_\_\_\_



**Return this application with mandatory paperwork to:** T.E.A.C.H. Early Childhood® North Carolina  
 P.O. Box 231 Chapel Hill, NC 27514 or fax (919) 967-7040  
 If you have any questions, please call (919) 967-3272 www.childcareservices.org



## 6. CENTER PARTICIPATION AGREEMENT

This agreement must be completed by the family home provider, center director for teachers, or the center owner or board chairperson for directors. *(Please check one model to indicate which option you prefer)*

The T.E.A.C.H. Early Childhood CDA Renewal scholarship offered through Child Care Services Association is a collaboration between T.E.A.C.H, the participant, and the sponsoring child care center. In the event that *(Applicant Name)* \_\_\_\_\_ is awarded a scholarship, I understand that *(Center Name)* \_\_\_\_\_ agrees to participate in one of the following ways.

---

### Teachers – option 1

#### **Participant Agrees to**

Pay 15% of the renewal fee (\$22.50 for paper submissions or \$18.75 for online submissions) upon scholarship approval  
 Submit original renewal application to CCSA (found in CDA Renewal Procedures Guide) **or** Cover Letter supplied by the Council for online applicants  
 Submit **all** information listed in the Mandatory Paperwork section of this application  
 Commit to remaining in sponsoring center for 3 months after receiving the CDA Renewal Credential  
 Notify CCSA upon attainment of the CDA Credential

#### **Center Agrees to**

Verify training and employment of applicant to the Council for Professional Recognition

---

### Teachers – Option 2

#### **Participant Agrees to**

Submit original renewal application to CCSA (found in CDA Renewal Procedures Guide) **or** Cover Letter supplied by the Council for online applicants  
 Submit **all** information listed in the Mandatory Paperwork section of this application  
 Commit to remaining in sponsoring center for 6 months after receiving the CDA Renewal Credential  
 Notify CCSA upon attainment of the CDA Credential

#### **Center Agrees to**

Pay 15% of the renewal fee (\$22.50 for paper submissions or \$18.75 for online submissions) upon scholarship approval  
 Verify training and employment of applicant to the Council for Professional Recognition

---

### Teachers – Option 3

#### **Participant Agrees to**

Pay 7.5% of the renewal fee (\$11.25 for paper submissions or \$9.38 for online submissions) upon scholarship approval  
 Submit original renewal application to CCSA (found in CDA Renewal Procedures Guide) **or** Cover Letter supplied by the Council for online applicants  
 Submit **all** information listed in the Mandatory Paperwork section of this application  
 Commit to remaining in sponsoring center for 3 months after receiving the CDA Credential  
 Notify CCSA upon attainment of the CDA Credential

#### **Center Agrees to**

Pay 7.5% of the renewal fee (\$11.25 for paper submissions or \$9.38 for online submissions) upon scholarship approval  
 Verify training and employment of applicant to the Council for Professional Recognition

---

### Family Based Professionals

#### **Participant Agrees to**

Pay 15% of the renewal fee (\$22.50 for paper submissions or \$18.75 for online submissions) upon scholarship approval  
 Submit original renewal application to CCSA (found in CDA Renewal Procedures Guide) **or** Cover Letter supplied by the Council for online applicants  
 Submit **all** information listed in the Mandatory Paperwork section of this application  
 Commit to continuing operation of family child care home for 6 months after receiving the CDA Credential  
 Notify CCSA upon attainment of the CDA Credential

Please print name of director, chairperson/owner, or home provider \_\_\_\_\_

Signature of director, chairperson/owner, or home provider \_\_\_\_\_



**Return this application with mandatory paperwork to:** T.E.A.C.H. Early Childhood® North Carolina  
 P.O. Box 231 Chapel Hill, NC 27514 or fax (919) 967-7040  
 If you have any questions, please call (919) 967-3272 [www.childcareservices.org](http://www.childcareservices.org)



**7. FACILITY INFORMATION**

Program License or Registration Number \_\_\_\_\_

Center Name \_\_\_\_\_

Center Address (city, state, zip, county) \_\_\_\_\_

Email Address \_\_\_\_\_

Tax ID Number \_\_\_\_\_

Please check all forms of funding your facility receives

- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/> Head Start       | <input type="checkbox"/> State PreK | <input type="checkbox"/> State Subsidies: Contracts |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> Title I    | <input type="checkbox"/> State Subsidies: Vouchers  |
| <input type="checkbox"/> State Head Start | <input type="checkbox"/> IDEA       | <input type="checkbox"/> N/A                        |

**For Head Start or Multi-Site Programs**

Is this child care program owned or managed by another organization?  Yes  No  
 If yes, give the parent company name/address: \_\_\_\_\_

**FOR ALL PROGRAMS**

Number of children served \_\_\_\_\_

Center Auspice:	<input type="checkbox"/> Profit	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Head Start			
Center Star Rating:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> GS110
Is your Center accredited:	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

If yes by whom? \_\_\_\_\_

**8. RECIPIENT PERSONAL RESPONSIBILITIES AGREEMENT**

This is an agreement between T.E.A.C.H. Early Childhood® North Carolina and the scholarship applicant (applicant name) \_\_\_\_\_ . Please read carefully and then sign this agreement, initialing next to each line item. As a part of your application, this agreement **must** be signed and submitted along with any other required documents before your application can be considered complete.

**Congratulations on taking the next step toward a greater education!**

You should be very proud of yourself for investing in your own future and increasing your education. The benefit of this scholarship to you comes with various responsibilities.

As a T.E.A.C.H. Early Childhood® Scholarship Recipient, I will:

- \_\_\_\_\_ Pay my portion (if applicable) of the renewal fee to T.E.A.C.H, which is critical to ensuring that a charge approval will be submitted to the Council for Professional Recognition without unnecessary delays.
- \_\_\_\_\_ Provide documented proof of the required elements for renewal. It is my responsibility to ensure that I meet all of my obligations.
- \_\_\_\_\_ Continue working at sponsoring center or operating family child care home at least 20 hours per week for the duration of contract.
- \_\_\_\_\_ Submit a copy of my renewal certificate in a timely manner.
- \_\_\_\_\_ Contact my scholarship counselor regarding any changes to my employment. He/She is just a phone call or email away and can answer many questions.

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

\_\_\_\_\_  
Date



**Return this application with mandatory paperwork to:** T.E.A.C.H. Early Childhood® North Carolina  
 P.O. Box 231 Chapel Hill, NC 27514 or fax (919) 967-7040  
 If you have any questions, please call (919) 967-3272 www.childcareservices.org



## 9. 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 falsifying application information or documentation or the failure to comply with documentation requirements may result in the inability to be a participant on 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 the T.E.A.C.H. Early Childhood® North Carolina Scholarship Program for the monetary support that was received in error.

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

\_\_\_\_\_  
Date

## 10. MANDATORY PAPERWORK

**All applicants must submit the following:**

- Verification of income
- Completed original CDA Renewal application found in the CDA Renewal Procedures Guide
- Copies of **all** training/workshop certificates and college transcripts
- ECE Reviewer Recommendation and proof of membership in an ECE professional organization

If not submitted with application, recipient and/or facility portions of the assessment fee are due upon scholarship approval. Acceptable forms of payment include check, money order, and credit cards. T.E.A.C.H. will **not** approve payment to the Council without first receiving this fee. Additional questions and concerns can be addressed to the T.E.A.C.H. CDA counselor at 919-967-3272.

The CDA Renewal Procedures Guide is available online on the Council for Professional Recognition's website at [www.cdacouncil.org](http://www.cdacouncil.org)



**Return this application with mandatory paperwork to:** T.E.A.C.H. Early Childhood® North Carolina  
P.O. Box 231 Chapel Hill, NC 27514 or fax (919) 967-7040  
If you have any questions, please call (919) 967-3272 [www.childcareservices.org](http://www.childcareservices.org)

