

**T.E.A.C.H. Early Childhood® Rhode Island  
Scholarship Application –  
CDA Assessment Model  
Family Child Care Providers**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 College Email (if different): \_\_\_\_\_

**Employment Status**

What is your current job title?	<input type="checkbox"/> Teacher	<input type="checkbox"/> Family Based Professional
	<input type="checkbox"/> Assistant Teacher	<input type="checkbox"/> Non-Teaching Professional Staff
	<input type="checkbox"/> Administrator	<input type="checkbox"/> Non-Teaching Support Staff
How long have you worked in the field of early childhood?	<input type="checkbox"/> Less than 2 Years	<input type="checkbox"/> 6-10 Years
	<input type="checkbox"/> 2-5 Years	<input type="checkbox"/> 10+ Years
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

How many children are in your child care facility? \_\_\_\_\_  
 How many hours per week do you work? \_\_\_\_\_  
 How many months per year do you work? \_\_\_\_\_  
 Beginning date of employment at current facility? \_\_\_\_\_  
 What is your current hourly wage? \_\_\_\_\_

**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 American  Korean  
 Hispanic  Filipino  Other Pacific Islanders: \_\_\_\_\_  
 Asian Indian  Vietnamese  
 American Indian or Alaska Native  Other race: \_\_\_\_\_

**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: _____  |

What is your preferred Language for learning \_\_\_\_\_

**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 and sisters attended college?  Yes  No

Do either of your parents or any of your brothers and 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"/> My Center Director   | <input type="checkbox"/> Other (please specify):<br>_____ |
| <input type="checkbox"/> Mailing      | <input type="checkbox"/> T.E.A.C.H. Recipient |   |
| <input type="checkbox"/> CCR&R Agency | <input type="checkbox"/> Workshop             |   |
| <input type="checkbox"/> College      | <input type="checkbox"/> Website              |   |

Please check the box that best describes your credentials and educational history:

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

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

When do you intend to apply for the credential? (mm/dd/yyyy) \_\_\_\_\_

**Which assessment will you apply for?**

- 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

Do you have an account with the Council for Professional Recognition?  Yes  No

If yes, what is your Council Customer ID? \_\_\_\_\_

Please check one that best describes your educational goals:

- 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 a Bachelor's Degree

**Family Based Professional Monthly Income Worksheet**

**This worksheet is to be completed by Family Childcare Providers ONLY.** If you are an assistant, do not complete this page.

Instructions: This sheet will help family child care providers determine monthly earnings from a family child care home. For each question, use the amount you made or spent last month.

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. Craft/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)	minus	Expenses (line 14)	equals	Monthly Earnings (job 1 earnings above)

YOUR TOTAL GROSS ANNUAL INCOME \$ \_\_\_\_\_

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

**STATEMENT & SIGNATURE OF APPLICANT**

I attest to the fact that the information I have provided is true and accurate. Based on this information I am applying to T.E.A.C.H. Early Childhood® Rhode Island for a scholarship to help pay the cost of the CDA Assessment fee. T.E.A.C.H. Early Childhood® Rhode Island is a program of Rhode Island Association for the Education of Young Children (RIAEYC).

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

\_\_\_\_\_  
Date

**FAMILY CHILD CARE PROVIDERS CDA ASSESSMENT SCHOLARSHIP MODEL  
PRELIMINARY PARTICIPATION AGREEMENT**

The CDA Assessment Scholarship Model offered through T.E.A.C.H. Early Childhood® Rhode Island requires active participation from each scholarship recipient. In the event that I am awarded a scholarship, I agree to the following participation requirements:

1. Complete the CDA Assessment as expected by the Council for Professional Recognition
2. Notify RIAEYC upon attainment of the CDA Credential
3. Continue to work a minimum of 30 hours per week in a childcare setting. The child care must be licensed by the RI Department of Children, Youth and Families (DCYF) AND approved to accept children through DHS Child Care Assistance Program (CCAP.) The child care program must also be rated by the state’s Quality Rating and Improvement System, BrightStars
4. Remain in the early childhood field in Rhode Island for at least six (6) months after my credential is awarded
5. I understand that T.E.A.C.H. Early Childhood Rhode Island will pay 100% of my CDA Assessment application fee. The CDA Assessment application fee is \$425
6. I understand that I am eligible to receive a \$100 bonus upon successful completion of the program and upon submitting a copy of my CDA Credential Certificate to RIAEYC

\_\_\_\_\_  
Signature of T.E.A.C.H. Scholarship Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

**T.E.A.C.H. Early Childhood® Rhode Island  
CDA Assessment Scholarship Model for Family Child Care Providers  
Facility Information**

Program Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Physical Address: (if different from mailing): \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Program Fax #: \_\_\_\_\_

DCYF Provider ID # \_\_\_\_\_ License # \_\_\_\_\_

License Capacity: \_\_\_\_\_ Current Enrollment: \_\_\_\_\_

**Please check all forms of funding your facility receives:**

- |   |   |
|---|---|
| <input type="checkbox"/> Head Start       | <input type="checkbox"/> Title 1                    |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> IDEA                       |
| <input type="checkbox"/> State Head Start | <input type="checkbox"/> State Subsidies: Contracts |
| <input type="checkbox"/> State Pre-K      | <input type="checkbox"/> State Subsidies: Vouchers  |

**Scholarship applications must be submitted with proof of income and copy of the childcare program's current DCYF license in order to be considered COMPLETE**

**Return Completed Application to:**

T.E.A.C.H. Early Childhood® Rhode Island  
Rhode Island AEYC  
535 Centerville Road, Suite 301  
Warwick, RI 02886

**If you have any questions, please contact Marinel Russo, Manager of Early Childhood Initiatives  
(401) 739-6100, extension 307, [mrusso@riaeyc.org](mailto:mrusso@riaeyc.org)**