



**T.E.A.C.H. Early Childhood® Rhode Island**  
**Scholarship Application –**  
**CDA Assessment Model**  
**Center-Based Teachers and Assistant Teachers**

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"/> Assistant Teacher <input type="checkbox"/> Administrator	<input type="checkbox"/> Family Based Professional <input type="checkbox"/> Non-Teaching Professional Staff <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"/> 2-5 Years	<input type="checkbox"/> 6-10 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"/> Toddler (13-36 Months)	<input type="checkbox"/> Preschool (37 Months – PreK) <input type="checkbox"/> School Age

How many children are in your classroom? \_\_\_\_\_

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?**

- |  |  |
|--|--|
| <input type="checkbox"/> No                                      | <input type="checkbox"/> Yes, Cuban                        |
| <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano | <input type="checkbox"/> Other Hispanic, Latino or Spanish |
| <input type="checkbox"/> Yes, Puerto Rican                       |  |

**Do you consider yourself...?**

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

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): _____ |
| <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: _____)     | <input type="checkbox"/> Bachelor Degree (Major: _____) |
| <input type="checkbox"/> High school diploma/GED | <input type="checkbox"/> Associate Degree (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  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

**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

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**T.E.A.C.H. Early Childhood® Rhode Island**

***Statement of Income***

**PLEASE ATTACH A COPY OF YOUR MOST RECENT PAY STUB HERE.**

Employer #1 \_\_\_\_\_

Hours/Week \_\_\_\_\_ Earnings (\$) \_\_\_\_\_ per \_\_\_\_\_

Employer #2 \_\_\_\_\_

Hours/Week \_\_\_\_\_ Earnings (\$) \_\_\_\_\_ per \_\_\_\_\_

**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

**CENTER BASED TEACHER 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 and the recipient's employing child care center.

**In the event that the scholarship is awarded, Participant agrees to;**

1. Complete the CDA Assessment as expected by the Council for Professional Recognition.
2. Contribute 5% of CDA Assessment fee (I understand that RIAEYC will submit the full assessment fee to the CDA Council along with my CDA Assessment application. The cost of the CDA Assessment fee is \$425. RIAEYC will invoice scholarship recipient (teacher) and sponsoring center within 30 of disbursing payment to the CDA Council.
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 Human Services (DHS) 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. Notify RIAEYC upon attainment of the CDA Credential. A copy of the CDA Certificate must be submitted to RIAEYC as soon as the certificate is attained.
5. 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.
6. Remain in the early childhood field in Rhode Island for at least six (6) months after my credential is awarded.

**In the event that the scholarship is awarded, Sponsoring Center agrees to:**

1. Contribute 5% of CDA Assessment fee (I understand that RIAEYC will submit the full assessment fee to the Council for Professional Recognition. RIAEYC will invoice teacher and sponsoring center within 30 of disbursing payment to the Council for Professional Recognition.

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

Date

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Please Print Name

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Signature of Sponsoring Center/Director

Date

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Please Print Name

**T.E.A.C.H. Early Childhood® Rhode Island**  
**CDA Assessment Scholarship Model for Center-Based Teachers & Teacher Assistants**  
**Facility Information**

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

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

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

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

DHS Provider ID # \_\_\_\_\_ License # \_\_\_\_\_

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

Center Auspice: Profit \_\_\_ Non-profit \_\_\_

BrightStars Rating: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_

Is your center accredited? Yes \_\_\_ No \_\_\_

Does your facility accept children with DHS subsidy? Yes \_\_\_ No \_\_\_

What percentage of your enrollment receives DHS subsidy? \_\_\_

**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  |

**To qualify for a T.E.A.C.H. CDA Assessment Scholarship:**

- **You must be working in a DHS-licensed child care program**
- **Your child care employer must be actively participating in BrightStars**
- **Your child care employer must be actively participating in the Department of Human Services (DHS) Child Care Assistance Program (CCAP)**

**Scholarship applications must be submitted with the candidate's recent paystub or official letter from agency showing hourly wage AND a copy of the childcare program's current DHS license in order to be considered COMPLETE.**

**Return Completed Application to:**

T.E.A.C.H. Early Childhood® Rhode Island  
Rhode Island AEYC  
501 Centerville Road, Suite 202  
Warwick, RI 02886

**Questions? Please contact the T.E.A.C.H. Office at 401-739-6100 or teach@riaeyc.org**