



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):
_____ |
| <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 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? _____

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 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. 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 #: _____

DHS 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 |

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

You must be working in a DHS-licensed child care program that is actively participating with BrightStars (the state's Quality Rating and Improvement System) and the DHS Child Care Assistance Program (CCAP)

Scholarship applications must be submitted with proof of income and 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