



**TEACH 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 TEACH 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"/> TEACH 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

TEACH 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 TEACH Early Childhood® Rhode Island for a scholarship to help pay the cost of the CDA Assessment fee. TEACH 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 TEACH 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 \$525. 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.

Signature of TEACH Scholarship Applicant Date

Please Print Name

Signature of Sponsoring Center/Director Date

Please Print Name

**TEACH 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 TEACH 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:

TEACH Early Childhood® Rhode Island
Rhode Island AEYC
501 Centerville Road, Suite 202
Warwick, RI 02886

Questions? Please contact the TEACH Office at 401-739-6100 or teach@riaeyc.org