



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

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. 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.
4. 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
5. Continue to work a minimum of 20 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
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 T.E.A.C.H. Scholarship Applicant

Date

Please Print Name

Signature of Sponsoring Center/Director

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: _____

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 |

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 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 Marinell Russo, Manager of Early Childhood Initiatives
(401) 739-6100, extension 307, mrusso@riaeyc.org**