



**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, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Other Hispanic, Latino or Spanish

Do you consider yourself...?

- White
- Black, African American
- Hispanic
- Asian Indian
- American Indian or Alaska Native
- Chinese
- Korean
- Filipino
- Vietnamese
- Other Asian: _____
- Other Pacific Islanders: _____
- 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? _____

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)	-	Expenses (line 14)	=	Monthly Earnings (job 1 earnings above)
minus			equals	

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**