



A Project of Texas Association for the
Education of Young Children

CDA

T.E.A.C.H. Early Childhood® TEXAS CDA Assessment Scholarship Application

Date: _____

1. Name: _____
2. Social Security Number: _____
3. Birth date: _____
4. Address: _____
City: _____ State: _____ Zip: _____
County which you reside: _____
5. Phone (H) (____) _____ (W) (____) _____
Email Address: _____

6. Employment Status

- a. What is your Job title? _____
- b. How many hours do you work per week? _____
- c. Date of employment in current work place? _____
- d. What age groups do you teach? _____
- e. Number of children in your classroom or child care home? _____
- f. What is your current hourly salary? _____

7. Family Structure

- a. How many people live in your household? _____
- b. List everyone in your house and their relationship to you.

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____

8. Ethnicity: Do you consider yourself . . . ?

___ White/European American ___ Black/African American ___ Hispanic/Latino/Latina
___ Asian/Pacific Islander ___ American Indian (tribe) _____
___ Biracial ___ Other _____

9. How did you learn about T.E.A.C.H. Scholarships? _____

10. Name of Program: _____ (enter the name of the program in which you are employed. For child care homes, enter the name of the operator.)

11. TDFPS License/Registration Number: _____

12. Program Address: _____

County where program is located: _____

Email Address: _____

13. Program Type (Please check one) ___ Profit Center ___ Nonprofit Center ___ Head Start
___ Religious Sponsored Center ___ Family Child Care Home ___ Public Pre-K
Is your Center accredited? ___ Yes ___ No If yes, by whom? _____

For Center Based Programs
Please Choose One Option Only

Option 1
Participant Agrees to:

- Pay 15% of the assessment fee (\$48.75)
- Submit assessment application to TEXAS AEYC
- Complete the assessment
- Commit to remaining in the child care for 3 months after receiving the CDA Credential
- Send assessment package to TEXAS AEYC
- Notify TEXAS AEYC upon attainment of CDA Credential

Center Agrees to:

- Allow observation of teacher in center by a representative from the Council for Early Childhood Professional Recognition

Option 2
Participant agrees to:

- Complete the assessment
- Submit assessment application to TEXAS AEYC
- Commit to employment at sponsoring center for 6 months after receiving the CDA Credential
- Notify TEXAS AEYC Upon Attainment of CDA Credential

Center agrees to:

- Pay 15% of the assessment fee (\$48.75)
- Allow observation of teacher in center by a representative from the Council for Early Childhood Professional Recognition

Option 3
Participant agrees to:

- Pay 7.5% of the assessment fee (\$32.00)
- Complete the assessment
- Submit assessment application to Texas AEYC
- Commit to employment at sponsoring center for 3 months after receiving the CDA Credential
- Notify TEXAS AEYC Upon Attainment of CDA Credential

Center Agrees to:

- Pay 7.5% of the assessment fee (\$32.00)
- Allow observation of teacher in center by a representative from the Council for Early childhood Professional Recognition.

For Family Child Care Home

Option 4
Participant agrees to:

- Pay 15% of the assessment fee (\$48.75)
- Complete the assessment
- Submit assessment application to TEXAS AEYC
- Commit to keeping registered Family Child Care Home in operation for 6 months after receiving the CDA Credential
- Notify TEXAS AEYC Upon Attainment of CDA Credential

 (Participant's Signature)

 (Date)

 (Center Director's Signature
for center-based employees)

 (Date)

Statement of Income (Center-Based only)

Instructions:

List sources of income available to you. For each source of income, **you must provide verification. A statement from your employer indicating your hours an rate of pay or a most recent pay stub will verify earning from a job.**

A statement from your ex-spouse or a court award letter can be used to verify child support. Family child care providers must first complete the *Family Child Care Provider's Income Worksheet* on the right and enter the monthly earnings as income below.

Applicant's Income

Employer _____
Hours per week _____
Earnings \$ _____ per _____
\$ _____ per _____

Employer _____
Hours per week _____
Earnings \$ _____ per _____

Are you a student? ____ yes ____ no

If "yes," please complete lines a-c below.

a. Scholarship/Grant \$ _____

b. Scholarship/Grant \$ _____

c. Student Loan \$ _____

Child Support/Alimony \$ _____

AFDC/SSI \$ _____

Applicant's Total Income

\$ _____ per _____

Applicant's Total Family Income

(spouse or other family members included)

\$ _____ per _____

Family Child Care Provider's Income Worksheet

Instructions:

This sheet is to help you determine your monthly earnings from your family child care home. For each line, use the amount you made or spent last month. Remember, you must include *verification of your income* such as copies of receipts from each of the children you care for or a signed statement from each parent with the amount they pay you each week.

Monthly Revenue

1. Total amount received from parents each week
\$ _____
2. Total Monthly Parent Fees (multiply line 1 x 4.33)
\$ _____
3. Amount of Child Care Food Program
Reimbursement \$ _____
4. Amount of Workforce or Child Care subsidy
for children in your care
\$ _____
5. **Total monthly revenue**
(add lines 2,3, & 4 above)
\$ _____

Monthly Expenses

Last Month, how much did you spend on the following items for children in your care?

6. Food \$ _____
7. Toys \$ _____
8. Assistant/Substitute Care
\$ _____
9. Crafts/Supplies \$ _____
10. Transportation (\$0.25 per mile)
\$ _____
11. Training Fees \$ _____
12. Gifts for children/families
\$ _____
13. Other (Specify)
\$ _____
14. **Total Monthly revenue** (add lines 6-13 above)
\$ _____

Monthly Revenue

(Line 5) \$ _____

Monthly Expenses

(Line 14) - \$ _____

Monthly Earnings = \$ _____

Application Due to TEXAS AEYC:

The Council for Professional Recognition accepts Applications on a rolling basis. Your verification visit will be scheduled within 90 days of receipt of your application. Upon submitting this application along with your CDA assessment Application to Texas AEYC as well as your portion of the CDA Assessment fee based on the option chosen , please allow us 4 weeks to process your application.

I intend to apply for assessment for the credential by (Date): ____/____/____

_____ 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)

_____ Check here if you will apply for the Bilingual Specialization

Applicants Signature

Date

THIS APPLICATION MUST BE ACCOMPANIED BY A COMPLETED DIRECT ASSESSMENT APPLICATION PACKET, VERIFICATION OF INCOME AND ALL PARTIES PORTION OF ALL ASSESSMENT FEES. APPLICATION WILL NOT BE CONSIDERED COMPLETE UNTIL ALL PAYMENT(S) ARE RECEIVED.

Return this application with verification of income to:

T.E.A.C.H. Early Childhood® TEXAS
Texas Association for the Education of Young Children
P.O. Box 4997
Austin, TX 78765-4997
Fax: 866-240-5175
For questions please contact:
Email: TEACH@texasaeyc.org
Phone: 512-215-8142