



# 2020-2021 CDA Credential Program Application

Scholarship applicants must complete the SCHOLARSHIP section.

Scholarship applications are due June 15, 2020.

Scholarships are based on available funding.

Applicant's Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

CDA Credential program choice: (select one)

- Infant/Toddler Programs
- Preschool Programs
- Family/Group Programs

Preferred program location: (select one)

- Livingston County/Howell
- Genesee County/Flint

Cohort preference: (select one)

- Scholarship Program (August – May) *[must meet requirements such as residency and financial need]*
- On-site, classroom-based tuition program option (August – May, Livingston County only)
- Hybrid self-paced tuition program option -- *circle preferred start:*    January    April    July    October

I identify as:             Female     Male     Other \_\_\_\_\_

Race/Ethnicity: (check all that apply)

- Black/African-American
- White/European-American
- Hispanic/Latino(a)
- Asian/Asian American
- Native American/American Indian
- Multi-racial
- Pacific Islander
- Other \_\_\_\_\_

Primary language: \_\_\_\_\_ Secondary: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # (last 4 digits) \_\_\_\_\_



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Applicant's Name: \_\_\_\_\_

EDUCATION – a high school diploma or GED is required

- Education options: high school diploma / GED, some college, Associate degree, Bachelor's degree, other.

CURRENT EMPLOYMENT STATUS

Name of Center/Program: \_\_\_\_\_

Program Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Director's Name: \_\_\_\_\_

Director's Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Start date (MM-DD-YY): \_\_\_\_\_

Hours worked per week: \_\_\_\_\_ Current wage/salary: \_\_\_\_\_ per hour

Current Job Title: (select one)

- Job titles: Lead Teacher, Assistant Teacher, Classroom Aide, Family or Group Home Provider/Owner/Director, Program Supervisor, Other.

Age groups I work with: (select all that apply)

- Age groups: Infants, Toddlers, Preschool, School Age, All Ages

How many years have you worked in the field of early childhood education? \_\_\_\_\_



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Applicant's Name: \_\_\_\_\_

**Write two (2) paragraphs describing your motivation to earn the CDA Credential.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SCHOLARSHIP APPLICANTS – CONTINUE TO PAGE 5**



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Applicant's Name: \_\_\_\_\_

This page is intended for Office Use Only

Assigned cohort \_\_\_\_\_

type (scholarship, onsite, hybrid)	program (I/T, PreK, F/G)	location (L / G)	start date (date)
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Date	Action / Message
	<i>Application received via mail / email / in person / other</i>
	<i>Student/application added to roster</i>
	<i>Initial scan of documents - determined complete / incomplete</i>
	<i>Application is pending additional info</i>
	<i>Sent request for additional info (1) via phone / VM / email / mail / other</i>
	<i>Sent request for additional info (2) via phone / VM / email / mail / other</i>
	<i>Additional information received via mail / email / in person</i>
	<i>Application is complete and ready for final review</i>
	<i>Application reviewed by</i>
	<i>Decision - accepted / wait listed / denied (Update application roster)</i>
	<i>Student informed of decision (1)- via phone / voice mail / email / letter</i>
	<i>Student informed of decision (2)- via phone / voice mail / email / letter</i>
	<i>Student informed of decision (3)- via phone / voice mail / email / letter</i>
	<i>Student response accepted / declined via phone / voice mail / email / letter</i>
	<i>Application roster and cohort roster updated - application filed</i>

Notes:



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Applicant's Name: \_\_\_\_\_

**SCHOLARSHIP APPLICANT SECTION - This section must be completed if applying for a scholarship.**

CDA Credential program:     Infant/Toddler     Preschool     Family/Group

Preferred program location:     Livingston County/Howell     Genesee County/Flint

How did you find out about our CDA Credential Scholarship? \_\_\_\_\_

Have you previously applied for a CDA Credential Scholarship at Child Connect?     YES     NO

If yes, when did you apply? \_\_\_\_\_    Location:     Livingston     Genesee

Program type: \_\_\_\_\_    Did you receive the scholarship?     YES     NO

If you received the scholarship, did you complete the program?     YES     NO

If no, why not? \_\_\_\_\_

*One of the criteria for this scholarship program is living or working in either Livingston County or Genesee County. Another criteria is financial need.*

I live / work in Livingston County / Genesee County . (city name: \_\_\_\_\_)

Including yourself, how many people are you financially responsible for? \_\_\_\_\_

Attach verification of your personal income (copy of your paystub(s) and/or other forms of income)

Attach a photocopy of your driver's license

I have daily access to a computer and the internet     YES     NO

I have access to reliable transportation     YES     NO

I grant permission to Child Connect to share my application, photos taken during the program, and/or work samples to support CDA Scholarship Program funding source requirements as well as marketing of the program.     YES  
 NO



## 2020-2021 CDA Credential Program Application

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Applicant's Name: \_\_\_\_\_

<b>SCHOLARSHIP APPLICANT SECTION - continued</b>
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**Write a paragraph explaining how receiving this CDA scholarship will support you professionally.**

**Write a paragraph explaining how receiving this CDA scholarship will assist you personally.**

Visit [www.cdacouncil.org](http://www.cdacouncil.org) for details about the CDA Credential.

I am aware of the requirements to complete the CDA credential training. If I am granted a scholarship I am aware that I will be expected to fulfill my obligation by attending all classes and completing all assignments during the program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_