



CDA Training Program Application 2021-2022

Scholarships are awarded based on available funding.
Scholarship applicants must complete pages 5 & 6.

Applicant's Full Name: _____

Home Address: _____

City: _____ Zip: _____ County: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Cohort preference:

- Classroom-based Tuition Program
(Classes held at Child Connect, Howell)
- Self-paced Hybrid Tuition Program
- Livingston Scholarship Program
- Genesee/Flint Scholarship Program

CDA Credential Level:

- (select one)
- Infant/Toddler Programs
 - Preschool Programs
 - Family/Group Programs

Preferred Start:

- August 2021
- November 2021
- February 2022
- May 2022
- August 2022

DEMOGRAPHICS

(for statistical purposes only – does not impact application consideration)

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

Primary language: _____ Secondary: _____

I identify as: Female (she/her) Male (he/his) Other _____ address me as: _____

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 _____

How long have you worked in the field of early childhood? _____ years _____ months

I have daily access to the internet via computer tablet smartphone NONE

I have access to reliable public or private transportation. YES NO



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EDUCATION – a high school diploma or GED is required

- High school diploma / GED Grad Year (if in progress, anticipated completion) _____
Some college College/University _____ Field of Study _____ # of credits _____
Associate degree College/University _____ Field of Study _____ Grad Year _____
Bachelor's degree College/University _____ Field of Study _____ Grad Year _____
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-YYYY): _____

Current earnings: \$ _____ per hour, _____ hours per week (average)

Current Job Title: (select one)

- Lead Teacher Assistant Teacher Classroom Aide Program Supervisor
Family or Group Home Provider/Owner/Director Other: _____

Currently work with the following age group(s): Infants Toddlers Preschool School Age

Prior early childhood work experience(s): _____



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What is your motivation to earn the CDA Credential?

What impact do you think participating in the program will have on your current professional role and your future goals?

How will completing the CDA Training program influence you as an individual?

Return completed application to:
Child Connect for Family Success
861 E. Sibley St., Howell, MI 48843

or via email
cdaliv@childconnectmi.org
Questions? 517-548-9112

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www.childconnectmi.org



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Applicant's Name: _____

Describe your approach to learning and address any barriers you may experience during this CDA Program in an effort to help us help you.

**Initial that you acknowledge each statement:
I understand that...**

_____ I must be an active learner during this process. I will ask questions when clarification is needed. My coursework responses will be fully developed to demonstrate my knowledge of the material and provide opportunities for me to reflect on my personal practices. I will employ effective study habits to retain information provided.

_____ by successfully completing the Child Connect CDA Training Program, I will meet the 120-clock hour subject-area specific training prerequisite necessary to apply for The Council for Professional Development CDA Credential. Training hours constitute one of many requirements established by The Council and is not a guarantee that the individual will earn the CDA Credential.

_____ I am solely responsible for completing the remaining application prerequisites set forth by The Council prior to the application process as well as the verification visit and examination after my application is approved.

_____ the cost of the Child Connect CDA Training Program does NOT include The Council's CDA Credential application fee. However, the Child Connect staff will provide information regarding the T.E.A.C.H. Scholarship which may provide financial assistance if I qualify.

_____ The Council for Professional Recognition determines my eligibility for the CDA Credential based on their criteria.

Signature: _____

Date: _____

SCHOLARSHIP APPLICANTS MUST ALSO COMPLETE PAGES 5 & 6

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SCHOLARSHIP APPLICANT SECTION - This section must be completed if applying for a scholarship. Scholarships are based on available funding. Applicants must meet residency and financial need requirements. Scholarship recipients must meet quarterly attendance and successful assignment submission requirements in order to renew their scholarship for the following quarter.

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? _____ Did you receive the scholarship? YES NO

I live in _____ County. I work in _____ County.

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

Initial that you acknowledge each statement

If I am awarded and accept the CDA Training Program Scholarship, I am aware that...

_____ I am expected to attend all training sessions (in-person and virtually) as well as complete coursework/homework assignments based on the quarterly syllabus

_____ I must meet quarterly attendance and coursework submission requirements in order to renew my scholarship for the next program quarter.

_____ the scholarship may not cover all expenses related to the program including but not limited to my professional portfolio as well as fees resulting from coursework being submitted for review after due date

_____ I attached a photocopy of my paystub(s). *(required)*

_____ I attached a photocopy of my driver's license/state issued ID. *(required)*

_____ I give 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



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Why should YOU be granted a CDA Scholarship?

What would you/your family have to forgo if you had to pay for the CDA Program yourself?

What financial impact will earning the CDA Credential (via Council for Professional Recognition) have on you/your family in the future?

Signature: _____

Date: _____