TEACH Early Childhood® Nebraska
CDA ONLY Scholarship Application

Nebraska Association for the Education of Young Children

Instructions and Helpful Information

* This scholarship pays for the 3-4 college classes that will cover the 120 professional development clock hours required for the CDA and will transfer towards an eventual associate degree in early childhood education. *If you are needing guidance in choosing the right CDA pathway for you, reach out to Nebraska's CDA Navigator, Aimee Hoes, for professional assistance. (ahoes@esu3.org or 402-853-1800)*

* Carefully and completely read and fill out every page. ANSWER EVERY QUESTION.

* Attach pay verification (A recent paystub for center teachers & directors or a detailed statement of income for family child care providers & directors that are not paid a salary).

* Submit completed application by mail or email. Please keep a copy for your records.

Next Steps

* Contact the community college you would like to attend and ask for information about taking your CDA classes there.

* The TEACH Program Coordinator will be in touch with you shortly. It can take 4-6 weeks to completely approve a scholarship application. You can always call or email to verify your application has been received.

Return this entire application packet with income verification to:

TEACH Early Childhood® Nebraska ◊ 215 Centennial Mall South, Suite 300 ◊ Lincoln, NE 68508

Email: teach@nebraskaaeyc.org

More information can be found at www.NebraskaAEYC.org or call (402) 858-5143.

TEACH Early Childhood® Nebraska is a licensed program of Early Years.
The TEACH Early Childhood® Nebraska scholarship and all terms that apply are contingent on funding.

TEACH Early Childhood® Nebraska CDA Only Scholarship Application

General Demographic Information-

I have applied for a TEACH scholarship in the past or was a previous TEACH student.: ☐ No ☐ Yes

The scholarship I am applying for:
_____ Infant/Toddler CDA _____ Preschool CDA _____ Birth to Five CDA _____ Family Child Care CDA

Name: _____ Today's Date: _____

Social Security Number: _____ Birth Date: _____ *(Optional)* Gender: _____

Full Address: _____ County: _____

Phone: *Home* ( )_____ *Cell or other #* ( )_____ W*ork* ( )_____ Ext.___

Email: *Please print clearly* _____ ***Please list an email that is checked frequently.***

What is your job title? *(Please choose one)*
_____ Family Child Care Provider
_____ Program Director-Owner
_____ Program Director-Employee
_____ Other, *please list* _____
_____ Lead/Head Teacher
_____ Teacher
_____ Teacher Assistant/Aide

Beginning date of employment in current workplace: _____ _____ _____
(month) (day) (year)

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

What ages of children do you provide care for in your classroom/group? _____

Number of children in your classroom/group: _____

How did you find out about TEACH Early Childhood® Nebraska? _____

How many people live in your household? (Only include self, spouse, children) _____

Household Status: _____ married/parent _____ married/no children _____ single/parent _____ single/no children

(Optional—Select All That Apply) Regarding Race & Ethnicity, I identify as:
_____ White _____ Black or African American _____ Asian
_____ American Indian or Alaska Native _____ Native Hawaiian or Pacific Islander
_____ Hispanic or Latino _____ Middle Eastern or North African
_____ Two or More Races _____ Other

Preferred language for learning: _____ Other languages you speak fluently: _____

Have your parents or siblings ever attended college? ☐ No ☐ Yes

Have your parents or siblings ever graduated from college? ☐ No ☐ Yes

Are you CPR/First Aid certified? ☐ No ☐ Yes

Do you hold any of the following credentials and/or specializations?

CDA *(Specialization: ☐ Infant/Toddler ☐ Preschool ☐ Family Child Care ☐ Home Visitor ☐ Bi-Lingual)*

State Teaching License ☐ *What state?*_____ State Issued Credential ☐ *What state?*_____

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Date Received: _____ Model: _____ Funder: _____

Initial Approval: _____ Final Approval: _____ Notified of Award/Date: _____

Incomplete/Ineligible/Date Returned/Reason: _____

Income Statement– *Please only fill out one section.*

Section 1– Child Care Program Teachers/Assistants/Aides, Director Employees & Director Owners that are paid a salary.	**Section 2**– Family Child Care Providers & Director Owners that are not paid a salary.

! All applicants must submit a copy of their primary child care income and hours worked for verification. Teachers/assistants/aides and directors that are paid a salary must submit their most recent paystub. Family child care providers and director owners that are not paid a salary must submit a detailed statement of income. Do NOT send copies of taxes or a W-2. !

SECTION 1– Child Care Program Teachers/Assistants/Aides, Director Employees & Director Owners that are paid a salary.

Name of Employer: _____ How many hours per week do you work? _____

I am paid $_____ per ☐ hour ☐ week ☐ month ☐ year

I work: ☐ a full year ☐ a partial year (please explain) _____

Total yearly household income (including spouse income): _____

For Office Use Only– **$ _____ Hourly Salary**

SECTION 2– Family Child Care Providers & Director Owners that are not paid a salary.

Please complete for the last full month you provided child care:

How many hours per week do you work? _____ (60 hours per week maximum)

Revenue

What is the total amount paid to you by parents each month? $ _____

How much was your Child Care Food Program Reimbursement? $ _____

How much was your monthly child care subsidy (Title XX) payment? $ _____

Total Monthly Income *(total of all income sources)* **$_____**

Expenses

Last month, how much did you spend on expenses for your child care?:

Food	$_____	Toys	$_____
Asst. Care/Substitutes	$_____	Crafts/Supplies	$_____
Mileage (48.5 cents per mile)	$_____	Training Fees	$_____
Gifts for Children/Families	$_____	Other (specify)	$_____

Total Monthly Expenses *(total of all expenses)* **$_____**

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Total Monthly Revenue $_____x 12 = $_____= Yearly Revenue

Total Monthly Expenses $_____x 12 = $_____= Yearly Expenses

Yearly Revenue $ _____ - Yearly Expenses $ _____ = $ _____

÷ 52 weeks = $_____ ÷ hours worked per week _____ = **$ _____ Hourly Salary**

DON'T FORGET TO INCLUDE YOUR PAY VERIFICATION!!

Education Information-

High School	Dates Attended	Diploma? (check one)	GED? (check one)
		☐ Yes ☐ No	☐ Yes ☐ No
College/University	**Dates Attended**	**Majors**	**Credits Earned/Degree**

Which community college would you like to attend? _____ _____
(College) *(Campus/City)*

When would you like to start? (*Term)* _____ Spring _____ Summer _____ Fall _____ Winter (MCC students only)

Are you currently enrolled in a CDA or Early Childhood Degree program at a college or university in Nebraska?
_____ No _____ Yes; Please describe how far along you have progressed toward the CDA or degree:
_____

Have you taken any college credits in the last two years? ☐ No ☐ Yes

Have you taken any early childhood education credits in the last two years? ☐ No ☐ Yes - How many? _____

Participating Child Care Program Information–The information in this box should correspond to the building the applicant works in.

License Number– *(Found in 3rd paragraph of license)*: _____ Number of Staff Employed: _____

License Capacity: _____ Number of Children Currently Enrolled: _____

License Type: _____ Family Child Care Home I _____ Family Child Care Home II _____ Preschool
_____ Child Care Program _____ Grant Funded Public School Preschool (Formally Rule 11)

Program Auspices: _____ Independent not-for-profit _____ Church Affiliated _____ Head Start
_____ For Profit _____ Public not-for-profit

Is this program accredited?: ☐ Yes ☐ No If yes, by who?: _____

This program participates in NE Step Up To Quality: ☐ No ☐ Yes—What step have you been awarded? _____

Subsidy Information: *(Formally, Title XX)*
_____ This program accepts child care subsidy and currently has children receiving subsidized care.
_____ This program accepts child care subsidy, but doesn't currently have children receiving subsidy in care.
_____ This program does not accept child care subsidy.

Family child care providers may skip this section.

Name of Program: _____

Program Full Address: _____ County of Program: _____

Program Phone Number: ( ) _____ Fax: ( ) _____

Contact Person: _____ Title: _____

Email: *Please print clearly* _____***Please list an email that is checked frequently.***

Is this program managed by another organization or entity?:
_____ No- *If no, please skip this section.* _____ Yes- *If yes, please provide parent company name and address:*

Name of Parent Organization: _____

Full Address :_____

Contact Person / Title: _____ Email: _____

TEACH Recipient Personal Responsibilities Agreement

This is an agreement between TEACH Early Childhood® Nebraska and the scholarship recipient. Please read carefully, initial each box, and then sign this agreement.

CONGRATULATIONS ON YOUR DECISION TO CONTINUE YOUR EDUCATION!

You should be very proud of yourself for investing in your own future and increasing your education with a CDA. This scholarship represents and amazing opportunity—debt free college credits! This benefit comes with various responsibilities. Please understand that by signing this agreement, you will fulfill all of the terms of the Personal Responsibilities Agreement. **If you do not fulfill all the terms of the Personal Responsibilities Agreement, you may be asked to repay what has been invested in your education and will jeopardize your continued and/or future eligibility to participate in this program.**

As a TEACH Early Childhood® Scholarship Recipient, I will (please initial each box):

1. Commit to continued employment in the field of early childhood education. I understand that I will continue to work in early childhood while enrolled in coursework AND for an additional six months. (If you are considering a career change, **do not** apply for this scholarship.) Initial
2. Complete the 3-4 college classes required to obtain the CDA **during a 6-12 month period**. Attend class, study, work hard and be a responsible student. This is a great opportunity that should be taken seriously. Initial
3. Regularly communicate with my TEACH Program Coordinator. He/She is available to help guide me through the process of attending college as well as balancing my college, work, and family responsibilities. He/She is just a phone call or email away and can answer many questions. Initial
4. Contact my TEACH Program Coordinator regarding **any changes** to my employment, contact information, personal life, or college status. I will notify the TEACH Program Coordinator **IMMEDIATELY** if I am having difficulty in meeting any class requirements. Do not wait until the term is over. Initial
5. Submit paperwork and forms in a timely manner. Class schedules must be submitted in time for the TEACH Program Coordinator to issue charge approvals to the appropriate school. Initial
6. Submit my grades **as soon as possible** at the close of the term. Keeping my scholarship record up-to-date is critical to ensuring that I can continue my education without unnecessary delays. Initial
7. Pay 10% of the cost of tuition and books upon receipt of an invoice. Pay my bills from TEACH and/or my college in a timely manner. It is my responsibility to ensure that I am meeting all of my obligations. Initial

Program Participation Agreement - TEACH Early Childhood® Nebraska requires the participation of each scholarship recipient's employing child care program. In the event that your employee is awarded a scholarship, you understand that the program agrees to participate in this way.

Provide a support person that will help the recipient stay on track to complete each step of the CDA process within a 6-12 month period. (For more information about each step of the CDA, please visit: www.cdacouncil.org.)

a. Complete 120 hours of formal early childhood education training through this scholarship.
b. Obtain 480 hours of professional work experience.
c. Prepare a CDA Professional Portfolio and select a CDA Professional Development Specialist.
d. Complete the CDA Application.
e. Complete the CDA Exam and a CDA Verification Visit.

Statement & Signature of Participating Program - I understand this responsibility of the participating program. I am authorized to commit the program to this requirement, if our employee is awarded a scholarship.

Signature of Director/Owner/Chairperson: _____

Printed Name: _____ Date: _____

Statement & Signature of Applicant-

I attest to the fact that the information that I have provided is true and accurate. Based on this information I am applying to the Nebraska Association for the Education of Young Children, Inc. for a scholarship to help pay the cost of educational expenses.

Signature: _____

Printed Name: _____ Date: _____