



## T.E.A.C.H. Early Childhood® MISSISSIPPI CDA Assessment Fee Scholarship Application

### GENERAL INFORMATION:

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

Phone: Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

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

Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: ☐ Female ☐ Male

### FAMILY STRUCTURE:

Including *yourself*, how many family members live in your household: \_\_\_\_\_

Family Type: ☐ Single, no children

☐ Married, no children

☐ Single parent

☐ Married parent

### EMPLOYMENT STATUS:

What is your current job title?

☐ Teacher

☐ Administrator

☐ Non-Teaching Professional Staff

☐ Assistant Teacher

☐ Family Based Professional

☐ Non-Teaching Support Staff

What age groups do you teach? (Please check all that apply)

☐ Infants (0-12 months)

☐ Preschool (37 Months-Pre-K)

☐ Toddlers (13-36 Months)

☐ School Age

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

☐ Less than 2 Years

☐ 6-10 Years

☐ 2-5 Years

☐ 10+ Years

How many children are in your classroom or child care home? \_\_\_\_\_

How many hours per week do you work? \_\_\_\_\_

How many months per year do you work? \_\_\_\_\_

Beginning date of employment at your current facility? \_\_\_\_\_

What is your current hourly wage? \_\_\_\_\_



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### **ETHNICITY:**

**Are you of Hispanic, Latino or Spanish origin?**

- |  |  |
|--|--|
| <input type="checkbox"/> No                                      | <input type="checkbox"/> Yes, Cuban                        |
| <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano | <input type="checkbox"/> Other Hispanic, Latino or Spanish |
| <input type="checkbox"/> Yes, Puerto Rican                       |  |

**Do you consider yourself...?**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> White                            | <input type="checkbox"/> Chinese               | <input type="checkbox"/> Other Asian: _____             |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Korean                |   |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other Pacific Islanders: _____ |
| <input type="checkbox"/> Asian Indian                     | <input type="checkbox"/> Filipino              |   |
| <input type="checkbox"/> Japanese                         | <input type="checkbox"/> Vietnamese            | <input type="checkbox"/> Other Race: _____              |
| <input type="checkbox"/> Native Hawaiian                  | <input type="checkbox"/> Samoan                |   |

**How did you hear about the T.E.A.C.H. Early Childhood® Project?**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Presentation   | <input type="checkbox"/> College              | <input type="checkbox"/> Workshop                      |
| <input type="checkbox"/> Mailing        | <input type="checkbox"/> My Center Director   | <input type="checkbox"/> Website                       |
| <input type="checkbox"/> CCR & R Agency | <input type="checkbox"/> T.E.A.C.H. Recipient | <input type="checkbox"/> Other (please specify): _____ |

**Please check the box that best describes your educational history:**

- |  |   |                                    |
|--|---|------------------------------------|
| <input type="checkbox"/> No high school diploma  | <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Masters   |
| <input type="checkbox"/> High school diploma/GED | Major: _____                              | Major: _____                       |
| <input type="checkbox"/> 1-year certificate      | <input type="checkbox"/> Bachelor Degree  | <input type="checkbox"/> Doctorate |
|  | Major: _____                              | Major: _____                       |

**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
- ☐ Take Early Childhood courses to complete credit hours for a CDA Credential
- ☐ 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

**What type of CDA Assessment will you apply for?** ☐ Yes ☐ No

- ☐ 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



## T.E.A.C.H. Early Childhood® MISSISSIPPI CDA Assessment Fee Scholarship Application

Are you completely ready to submit your CDA application? ☐ Yes ☐ No

Have you completed the required 120 hours of training in the 8 CDA training areas? (Please attach transcript or certificates) ☐ Yes ☐ No

Have you completed the required 480 hours of experience working with children within the past five years? ☐ Yes ☐ No

Have you completed your Professional Resource File? ☐ Yes ☐ No

Have you collected the required 75% of completed Parent Opinion Questionnaires? ☐ Yes ☐ No

Has your Formal Observation by your CDA Advisor been completed? ☐ Yes ☐ No

Do you have other scholarships or funding to assist in paying for your CDA assessment fee? If yes, please specify: \_\_\_\_\_ ☐ Yes ☐ No

### STATEMENT OF INCOME:

Job #1: Employer \_\_\_\_\_  
Hours/Week \_\_\_\_\_ Earnings \_\_\_\_\_ per \_\_\_\_\_

Job #2: Employer \_\_\_\_\_  
Hours/Week \_\_\_\_\_ Earnings \_\_\_\_\_ per \_\_\_\_\_

Have you applied for any other financial aid (such as Pell Grants, other scholarships or student loans?)  
☐ Yes ☐ No

Source of financial aid #1: \_\_\_\_\_  
Date of application: \_\_\_\_\_  
Application Status: ☐ AWARDED ☐ DENIED ☐ PENDING

Source of financial aid #2: \_\_\_\_\_  
Date of application: \_\_\_\_\_  
Application Status: ☐ AWARDED ☐ DENIED ☐ PENDING

YOUR TOTAL INCOME \$ \_\_\_\_\_

YOUR TOTAL FAMILY INCOME (your spouse included) \$ \_\_\_\_\_

### Statement and 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 T.E.A.C.H. Early Childhood® MISSISSIPPI for a scholarship to help pay the cost of educational expenses.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PLEASE ATTACH A COPY OF YOUR MOST RECENT PAY STUB HERE (CENTER STAFF ONLY)**



## T.E.A.C.H. Early Childhood® MISSISSIPPI CDA Assessment Fee Scholarship Application

### Center Owner/Family Child Care Provider Monthly Income Worksheet

*Instructions: This sheet is to help you determine your monthly earnings from your child care center/family child care home. For each question, use the amount you made or spent last month. Special instructions are in italics.*

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? (*Attach copy of check stub*) \_\_\_\_\_
4. How much was your Mississippi Department of Human Services or Mississippi Child Care Payment Program subsidy for children in your care? (*Attach copy of check stub*) \_\_\_\_\_
5. **Total monthly revenue (add lines 2, 3, and 4)** \_\_\_\_\_

How much did you spend for children in your child care center/family child care home last month on:

6. Food \_\_\_\_\_
7. Toys \_\_\_\_\_
8. Assistant/Substitute Care \_\_\_\_\_
9. Crafts/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)      minus      Expenses (line 14)      equals      Monthly Earnings



## T.E.A.C.H. Early Childhood® MISSISSIPPI CDA Assessment Fee Scholarship Application

### Center Participation Agreement

**(This agreement must be completed by the center chairperson/owner in order to process application)**

The CDA Assessment Fee Scholarship offered through T.E.A.C.H. Early Childhood® MISSISSIPPI requires the participation of each scholarship recipient's employing child care center.

In the event that \_\_\_\_\_ (insert applicant's name) is awarded a scholarship, I understand that the center/home agrees to participate in one of the following ways. (Please check either option 1 or 2 to indicate which is applicable).

#### \_\_\_\_\_ **Option #1-For Center Based Programs**

##### **Participant Agrees to:**

1. Pay 7.5% of the assessment fee (\$24.50)
2. Submit assessment application to T.E.A.C.H. Early Childhood® MISSISSIPPI
3. Complete the assessment
4. Commit to remaining employed in sponsoring child care center for 1 year after receiving the CDA Credential
5. Send assessment package to T.E.A.C.H. Early Childhood® MISSISSIPPI
6. Notify T.E.A.C.H. Early Childhood® MISSISSIPPI upon attainment of CDA Credential

##### **Center Agrees to:**

1. Pay 7.5% of the assessment fee (\$24.50)
2. Allow observation of teacher in the center by a representative from the Council for Early Childhood Professional Recognition

#### \_\_\_\_\_ **Option #2-For Family Child Care Homes**

##### **Participant Agrees to:**

1. Pay 15% of the assessment fee (\$49.00)
2. Submit assessment application to T.E.A.C.H. Early Childhood® MISSISSIPPI
3. Complete the assessment
4. Commit to keeping registered Family Child Care Home in operation for 1 year after receiving the CDA Credential
5. Send assessment package to T.E.A.C.H. Early Childhood® MISSISSIPPI
6. Notify T.E.A.C.H. Early Childhood® MISSISSIPPI upon attainment of CDA Credential

Mississippi State Department of Health License #: \_\_\_\_\_ County: \_\_\_\_\_

Center/Home Name: \_\_\_\_\_

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

Please print name of director or chairperson/owner: \_\_\_\_\_

Signature of director or chairperson/owner: \_\_\_\_\_

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

**PLEASE ATTACH A COPY OF YOUR CURRENT MSDH LICENSE HERE**



## T.E.A.C.H. Early Childhood® MISSISSIPPI CDA Assessment Fee Scholarship Application

Location Address:

\_\_\_\_\_  
\_\_\_\_\_  
zip

Phone (\_\_\_\_) \_\_\_\_\_  
Fax (\_\_\_\_) \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
zip

To be completed by Center Director or Chairperson/Owner:

**FOR ALL PROGRAMS:**

Type: ☐ Center ☐ Family Home ☐ Family Group Home

Center Auspices: ☐ Profit ☐ Nonprofit ☐ Head Start  
☐ Religious/Church ☐ Public School

Number of children licensed/registered to care for: \_\_\_\_\_ Number currently enrolled: \_\_\_\_\_

Is your center accredited? ☐ Yes ☐ No

If yes, by whom? \_\_\_\_\_

Please check all forms of funding your facility receives:

☐ Head Start ☐ State Head Start ☐ State Subsidies: Contracts ☐ Title I  
☐ Early Head Start ☐ State Pre-K ☐ State Subsidies: Vouchers ☐ IDEA

**FOR HEAD START OR MULTI-SITE PROGRAMS:**

Is this child care program owned or managed by another organization? ☐ Yes ☐ No

If yes, give the parent company name/address:

Parent Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Return this application by mail or fax with income verification and MSDH license to:**

T.E.A.C.H. Early Childhood® MISSISSIPPI  
P.O. Box 1012  
Jackson, MS 39215  
FAX: 601-359-4480

If you have any questions, please call 601-359-4614 or toll-free 855-359-9324.

[TEACHMississippi@gmail.com](mailto:TEACHMississippi@gmail.com)