



**T.E.A.C.H. Early Childhood® MINNESOTA**  
**Family Child Care Provider**  
**CDA Renewal Fee Scholarship Application**

**Directions**

In order for your scholarship application to be processed, please submit all the items listed below. If the application is not filled in completely or any of the supplemental documents are missing, your application will be regarded as incomplete and will not be processed.

Application materials will not be returned. Make copies for your records. If you have any questions as you complete the scholarship application, please contact T.E.A.C.H. at 651-290-9704 ext. 106 or ext. 109 or (866) 807-6021 or e-mail [shellyh@mnchildcare.org](mailto:shellyh@mnchildcare.org) or [eriny@mnchildcare.org](mailto:eriny@mnchildcare.org).

**Eligibility**

You must meet the following eligibility requirements to be considered for a T.E.A.C.H. MINNESOTA Scholarship:

- Be a U.S. citizen or legal resident
- Work in Minnesota
- Have a high school diploma or GED
- Work directly with children at least 15 hours per week for a minimum of 780 hours per year
- Be working under your current family child care license for at least six months at the time of application
- Completed your CDA Renewal application (course/4.5CEU's, letter of recommendation, current first aid)

**Checklist**

Did you include:

<b>Licensed Family Child Care Provider</b>	
<input type="checkbox"/>	Completed T.E.A.C.H. MINNESOTA CDA Renewal Scholarship Application
<input type="checkbox"/>	Completed Center Participation Agreement
<input type="checkbox"/>	Copy of your most recent schedule C (tax document)*
<input type="checkbox"/>	Copy of FCC license
<input type="checkbox"/>	CDA Renewal Application
<input type="checkbox"/>	Copy of CEU's certificate or a copy of college transcript
<input type="checkbox"/>	Letter of recommendation
<input type="checkbox"/>	Copy of current First Aid Certification
<input type="checkbox"/>	Proof of membership in a national or local early childhood professional organization
<input type="checkbox"/>	Proof of 80 hours experience with young children and families during the past year

*\*Your income does not impact your eligibility to receive a scholarship; however, proof of income is needed to show that you are meeting certain eligibility requirements and for reporting purposes.*

**Please return your completed original application and documents to:**  
**T.E.A.C.H. Early Childhood® MINNESOTA**  
**380 Lafayette Road, Suite 103**  
**Saint Paul, MN 55107**

## Applicant Information

First Name	Middle Initial	Last Name		
Social Security Number - - - - -				
Address	City	County	State	Zip Code
Home Phone ( )		Alternative Phone Number ( )		
E-mail Address				
Date of Birth / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Citizenship: Please check all that apply <input type="checkbox"/> U.S. Citizen/Legal Resident <input type="checkbox"/> Other (specify)				
How did you hear about T.E.A.C.H. Early Childhood® MINNESOTA?				
What ethnicity do you consider yourself? <input type="checkbox"/> Black/African American <input type="checkbox"/> White/ European American <input type="checkbox"/> Hispanic/Latino/Latina <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Biracial/Multicultural <input type="checkbox"/> Other (specify) _____				

## Employment Information

When did you become licensed to provide care in your home?	With what age group do you spend the majority of your time working with: <b>(Circle only one)</b>  Infant    Toddlers    Pre-School    School-Age    All
How many hours do you work <b>directly</b> with children per week?	How many weeks do you work <b>directly</b> with children per year?

## Education/Professional Development Information

High School	Dates Attended	Diploma	GED
		Year Received:	Year Received:
College/University	Dates Attended	Major(s)	Degree Earned or Credit Hours Completed

Are you currently involved with advocacy efforts to improve the Minnesota child care system?    Yes    No

If yes, please describe your involvement:

If no, are you interested how you can be involved with these kinds of advocacy efforts? Yes No

Are you registered with the Center for Professional Development (<http://www.mncpd.org/>)? Yes No

Are you a mentor, consultant, trainer or volunteer in the field of early childhood education and/or school-age care?

Yes No If yes, please specify:

What are your professional and educational goals, including both short- and long-term?

Is there anything else about yourself that you would like us to consider while reviewing your application?

If I receive a CDA Renewal Fee Scholarship, I am aware that I am required to pay a portion of the CDA Renewal Application Fee. I am also willing to work at my current child care program for the duration of my contract year (also known as the commitment year).

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Signature of applicant

Date

Printed name of applicant



**T.E.A.C.H. Early Childhood<sup>®</sup> MINNESOTA**  
**Family Child Care Provider**  
**Program Profile Form**

**Program Information**

Program Name	
License #	County
Director's Name	Owner's Name
Director's Email	Mailing Address
Location Address	Mailing Address
Phone(    )	Fax(    )
If <u>BILLS</u> should be sent to a different address, please indicate:	
Name _____	
Address _____	
City	State
Zipcode	
Phone (    ) _____	Fax (    ) _____

**This child care facility is (circle one):    non-profit        for-profit**

Program/services (check all that apply)

- |                                                     |                                                |                                                 |
|-----------------------------------------------------|------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Child Care Center          | <input type="checkbox"/> Head Start            | <input type="checkbox"/> Preschool School Based |
| <input type="checkbox"/> Licensed Family Child Care | <input type="checkbox"/> ECFE/ECSE             | Rule 2                                          |
| <input type="checkbox"/> Pre/Nursery School         | <input type="checkbox"/> Employer/Church-Based | <input type="checkbox"/> 501 ( c ) 3            |
| <input type="checkbox"/> School-age Care            | Rule 2                                         | <input type="checkbox"/> Public Agency          |
| <input type="checkbox"/>                            |                                                |                                                 |

Enrollment: List the number of children in each age category that you currently care for:

Age Category	Number of Full-time	Number of Part-time	How many of these children are your own children?
Infants (birth to 15 months)			
Toddlers (16 to 31 months)			
Preschool (31 months to 5 years)			
School-age (5 years to 12 years)			

What is the total number of families that you serve at this time? \_\_\_\_\_

If known, what is the total number of children enrolled in your program who meet one or more of the following? Do not count the same child more than once. Note: you do not need to indicate the number of children in each category.

- Speak English as a second language
- Have an Individual Education Plan (IEP) through Early Childhood Special Education (ECSE)
- Have an Individual Family Service Plan (IFSP)
- Are enrolled in Child Care Assistance Program (CCAP)
- Are enrolled in the Minnesota Family Investment Program (MFIP)
- Are enrolled in free or reduced lunch program or are eligible for free and reduced lunch program
- Are enrolled in Early Head Start or Head Start
- Live in an out-of-home placement (e.g., foster care)

\_\_\_\_\_ total number of children who fit into one or more of the above

NAEYC Accredited?     Yes         No

Other accreditation? \_\_\_\_\_

Parent Aware Participant?  Yes         No

If yes, what are you rated? (Circle one) 1 star    2 star    3 star    4 star    not yet rated

If no, are you in the Getting Ready phase?  Yes         No

Are you part of School Readiness Connections?  Yes         No

Are you part of Minnesota Building Quality Initiative- ERS Consultation?  Yes         No



T.E.A.C.H. Early Childhood<sup>®</sup> MINNESOTA  
CDA Renewal Assessment Fee Scholarship  
**FAMILY CHILD CARE PROVIDER**  
Center Participation Agreement

The Child Development Associate (CDA) Renewal Credential Scholarship offered through T.E.A.C.H. Early Childhood<sup>®</sup> MINNESOTA requires the support and participation of the scholarship recipient.

In the event that I am awarded a scholarship, I understand and agree to do the following:

- Complete the **CDA Renewal Assessment** Application;
- Pay 15 percent of the total cost of the CDA Assessment Fee;
- Submit the **CDA Renewal Assessment** Application and training verification documentation to the T.E.A.C.H. office;
- Commit to continue operation under my current family child care license for one year after submission of the **CDA Renewal Assessment** Application; and
- Send a copy of the CDA Credential to the T.E.A.C.H. MINNESOTA office.

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**Participant Signature**

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**Date**