



T.E.A.C.H. Early Childhood® MINNESOTA
Child Care/School-age Care Program Employee
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 if any of the supplemental documents are missing, your application will be regarded as incomplete and will not be processed. As an employee of a child care program, you **must** have approval from your director or center representative; he or she must complete and sign the Center Participation Agreement page.

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 109 or (866) 807-6021 or e-mail shellyh@mnchildcare.org or 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 employed by your current program employer for at least six months at the time of application
- Completed your CDA Renewal application

Checklist

Did you include:

Child Care Program Employee
<ul style="list-style-type: none"> <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 paystub* <input type="checkbox"/> Copy of program license <input type="checkbox"/> CDA Renewal Application for Council for Professional Recognition <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 of 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

Check the box next to the title that most closely describes your current position. If you hold multiple positions, check the title that reflects how you spend the <u>majority</u> of your time. (Check only one box) <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Teacher's Aide <input type="checkbox"/> Teacher <input type="checkbox"/> Center Director <input type="checkbox"/> Administration <input type="checkbox"/> Family Child Care Provider <input type="checkbox"/> Employee of a Family Child Care Provider	
Date of Hire:	With what age group do you spend the majority of your time working with? (Circle only one) Infant Toddlers Pre-School School-Age
What is your current hourly wage?	
How many hours do you work directly with children per week?	How many weeks do you work directly 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 in 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, 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).

(Signature of applicant)

(Date)

(Printed name of applicant)



T.E.A.C.H. Early Childhood® MINNESOTA
Child Care/School-Age Care
Program Profile Form

Please have your Program Director complete this section of the application

Program Information

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

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

Program type/services (check all that apply)

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

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
Infants (birth to 15 months)		
Toddlers (15 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 meets one or more of the following criteria listed below? 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. How many of these children are in the applicant's classroom? _____

Program is NAEYC Accredited? Yes No

Other Accreditation? _____

Program is a 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

Program is part of School Readiness Connections? Yes No

Program is part of Minnesota's Building Quality Initiative and/or ERS Consultation? Yes No



T.E.A.C.H. Early Childhood® MINNESOTA
CDA Renewal Assessment Fee Scholarship
Child Care/School-Age Care Program Employee
Center Participation Agreement

The Child Development Associate (CDA) Credential Renewal Scholarship offered through T.E.A.C.H. Early Childhood® MINNESOTA requires the support and participation of the sponsoring child care program and the scholarship recipient.

In the event that _____ is awarded a scholarship, our child care program
(employee name)
_____, and the employee named above, understand and agree to the
(program name)
following conditions:

Scholarship recipient agrees to:

- Complete the **CDA Renewal Application**;
- Submit the *CDA Renewal Application* and training verification to the T.E.A.C.H. office;
- Pay 7.5 percent of the cost of the CDA Renewal Fee;
- Commit to employment at sponsoring child care center during the duration of the CDA renewal assessment fee scholarship (also known as the commitment year); and
- Send a copy of the CDA Credential to the MNCCR&R T.E.A.C.H. office upon award of the CDA.

Child care center agrees to:

- Allow observation of teacher in center by a representative of the Council for Professional Recognition; and
- Pay 7.5 percent of the cost of the CDA Renewal Assessment Fee.

Recipient Signature

Date

Signature of Program Director/Owner or Board Chairperson

Title