

CDA Assessment/Renewal Scholarship Application Form

ELIGIBILITY

To be eligible for scholarship you must meet the following requirements:

- Be enrolled in the IdahoSTARS Professional Development Systems Registry
- Work in a child care program in Idaho designed to care for children while parent(s) or guardian(s) work or attend school
- Work in a child care program with operating hours that extend beyond a preschool only or academic (K-6th grade) school day
- Work with children, staff and parents a minimum of 15 hours/week or 780 hours/year.

FEES COVERED BY A SCHOLARSHIP

Fees for the CDA Assessment or Renewal process.

CDA ASSESSMENT/RENEWAL SCHOLARSHIP AWARDING PROCESS

Step 1: Complete CDA training or college coursework

Step 2: Submit CDA Assessment/Renewal Scholarship Application and the following required documents to the IdahoSTARS Scholarship Office:

- 1.) A one page letter describing your short and long term professional development goals and explain how receiving a scholarship will help you achieve these goals.
- 2.) A written letter of recommendation from director/owner.

MAIL, FAX OR E-MAIL COMPLETED APPLICATION TO:

Idaho Association for the Education of Young Children

Attn: IdahoSTARS Project Scholarship Office

4355 W Emerald, Ste 250

Boise, ID 83706

Fax: 208-345-6569

Email: dmcallister@idahoaeYC.org

Step 3: IdahoSTARS will send an acceptance letter and contract to the applicant confirming that the scholarship will be approved upon contract signing.

Step 4: The applicant and the applicant's sponsoring center sign the contract and send it back to the IdahoSTARS Scholarship Office along with the applicants CDA Direct Assessment or Renewal Application and supporting documentation.

Step 5: The IdahoSTARS Scholarship Office reviews the CDA Direct Assessment or Renewal Application, attaches payment, and sends to the CDA Council.

Step 6: The applicant completes the CDA process with the CDA Council.

PLEASE NOTE: Application materials and training associated with assessment/renewal are not covered by this scholarship.

CDA ASSESSMENT/RENEWAL SCHOLARSHIP APPLICATION FORM

Name: _____ Change of name? Yes No
(If your name has changed, please print the "Change of Contact Information Form" found on the IdahoSTARS website www.idahostars.org and submit the form and supporting documents with this application.)

Other names you have used: _____

Home Mailing Address: _____ Change of address? Yes No

City: _____ State: _____ Zip Code: _____ County: _____

Email: _____ Home Phone: _____ Work Phone: _____

Number of hours working with children, parents and staff per week: _____

CURRENT EMPLOYER

Name of Facility: _____

Mailing address: _____

Program Director Name: _____

Work Phone Number: _____ Change of employment? Yes No

(If your place of employment has changed, please print the "Employment Verification Form" found on the IdahoSTARS website www.idahostars.org and submit the form and supporting documents with this application.)

Fax: _____ Director's Email: _____

Authorized Administrator's Name (please print) if different than Owner/Director: _____
(An "Authorized Administrator" is the person responsible for staff wages, financial documents, and contracts.)

Authorized Administrator's Contact Number (if different than director/owner): _____

Mailing Address (if different than director/owner): _____

SCHOLARSHIP REQUEST

Check One: CDA Assessment Fees CDA Renewal Fees

If you were awarded a scholarship, which CDA Type would you choose?

Infant/Toddler Family Preschool 2nd Setting Spanish

Have you paid your Assessment/Renewal fees? Yes No

(If yes, please submit a payment receipt and copy of current CDA with this application)

APPLICANT CONSENT

I am requesting financial support for professional development. I certify that the information I have given on this application to be true and correct to the best of my knowledge.

Date: _____ Applicant Signature: _____

DIRECTOR CONSENT

I will allow observation of the center employee by a representative from the CDA Council for Professional Recognition.

Date: _____ Director Signature: _____

