



# CDA College Credit\* Scholarship Application

**\* Only applicable for CDA Courses and/or  
workshops through Colleges and Universities**



## 1. Personal Information

Please Print

Application Date: \_\_\_\_\_ Social Security #<sup>1</sup>: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

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

City: \_\_\_\_\_ State: **OH** Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Gender: ☐ Female ☐ Male Date of Birth: \_\_\_\_\_

Are you a citizen of the United States? ☐ Yes ☐ No<sup>1</sup>

<sup>1</sup> If not a citizen or no SSN, please complete IRS form W-9

How did you find out about the T.E.A.C.H. Early Childhood® Project? (check one)

☐ Mailing ☐ My Center Director ☐ T.E.A.C.H. Recipient ☐ CCR&R Agency ☐ College  
☐ Website ☐ Presentation ☐ Workshop ☐ Other (please specify): \_\_\_\_\_

**Family Structure:** How many people live in your household? \_\_\_\_\_ Of those how many are: Your Parents? \_\_\_\_\_  
Siblings? \_\_\_\_\_ Spouse or Significant Other? \_\_\_\_\_ Children? \_\_\_\_\_ Others? \_\_\_\_\_

### Ethnicity:

Are you of Hispanic, Latino, or Spanish origin?

☐ No ☐ Yes, Mexican, Mexican American ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, Other Hispanic, Latino or Spanish

Do you consider yourself....?

☐ White ☐ Black/African American ☐ American Indian or Alaska Native ☐ Asian Indian  
☐ Japanese ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Korean  
☐ Chinese ☐ Vietnamese ☐ Samoan  
☐ Filipino ☐ Other Pacific Islanders: \_\_\_\_\_ ☐ Other Asian: \_\_\_\_\_  
☐ Other race: \_\_\_\_\_

Which languages can you speak fluently?

- |                                   |                                   |                                     |  |
|-----------------------------------|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Arabic   | <input type="checkbox"/> Greek    | <input type="checkbox"/> Polish     | <input type="checkbox"/> Thai          |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Hindi    | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Tribal: _____ |
| <input type="checkbox"/> Chinese  | <input type="checkbox"/> Japanese | <input type="checkbox"/> Russian    | <input type="checkbox"/> Urdu          |
| <input type="checkbox"/> Creole   | <input type="checkbox"/> Korean   | <input type="checkbox"/> Spanish    | <input type="checkbox"/> Vietnamese    |
| <input type="checkbox"/> English  | <input type="checkbox"/> Lao      | <input type="checkbox"/> Swahili    | <input type="checkbox"/> Yidish        |
| <input type="checkbox"/> French   | <input type="checkbox"/> Persian  | <input type="checkbox"/> Tagalog    | <input type="checkbox"/> Other: _____  |

What is your preferred language for learning, if other than English? \_\_\_\_\_

Have you taken any college courses in the past two years? ☐ Yes ☐ No

Have you taken any ECE college credits in the past two years? ☐ Yes ☐ No If Yes, how many? \_\_\_\_\_

Have either of your parents or any of your brothers or sisters attended college? ☐ Yes ☐ No

Do either of your parents or any of your brothers or sisters have a college degree? ☐ Yes ☐ No

**The above information is used for demographic purposes only**

## 2. Professional Experience and Goals

Which of the following credentials/specializations do you currently hold?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> CDA: Infant/Toddler | <input type="checkbox"/> CDA: Family Child Care Home | <input type="checkbox"/> Specialization: Bi-Lingual (Language: _____)                                      |
| <input type="checkbox"/> CDA: Preschool      | <input type="checkbox"/> CDA: Home Visitor           | <input type="checkbox"/> State Issued Credential <input type="checkbox"/> Post BS (State Teaching License) |

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

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

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Less than 2 Years | <input type="checkbox"/> 6-10 Years |
| <input type="checkbox"/> 2-5 Years         | <input type="checkbox"/> 10+ Years  |

Please check the box that best describes your educational history:

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

Please check one that best describes your educational goal:

- ☐ Earn an Early Childhood or School-Age Credential
- ☐ Take a few early childhood courses to obtain or upgrade job-related skills
- ☐ 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 Bachelor's Degree
- ☐ Earn an Early Childhood Bachelor's Degree

### 3. Employment Status

Program License Number: \_\_\_\_\_ Program Name: \_\_\_\_\_

Start date of employment at current program: \_\_\_\_\_

What is your current job title? (check only one)	<input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Administrator	<input type="checkbox"/> Family Based Professional <input type="checkbox"/> Non-Teaching Professional Staff <input type="checkbox"/> Non-Teaching Support Staff
What age groups do you teach? (please check all that apply)	<input type="checkbox"/> Infants (0-12 Months) <input type="checkbox"/> Toddler (13-36 Months)	<input type="checkbox"/> Preschool (37 Months – Pre-K) <input type="checkbox"/> School-Age

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

How many hours per week \_\_\_\_\_ (0-60) and months per year \_\_\_\_\_ (0-12) do you work?

Average daily number of children in your classroom \_\_\_\_\_

### 4. Professional Registry

Your OPIN Number (from the Ohio Professional Registry): \_\_\_\_\_

If you do not remember your OPIN, use this link to login to your registry account and view your OPIN:

<https://registry.occrra.org/user/login>

If you are not yet in the Registry, click Create Profile on the link above.

### 5. Statement of Income

Job #1 Employer \_\_\_\_\_

Hours/Week \_\_\_\_\_ Earnings \_\_\_\_\_ per \_\_\_\_\_ (wk. /month/yr.)

Job #2 Employer \_\_\_\_\_

Hours/Week \_\_\_\_\_ Earnings \_\_\_\_\_ per \_\_\_\_\_ (wk./month/yr.)

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

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

**Please attach a copy of your most recent pay stub(s), or Schedule C (if program owner), or Type B Family Child Care Home Income Worksheet if you are a Type B Family Child Care Profession**

## 6. Additional Program Information

Director/Administrator/Owner Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Program Phone: \_\_\_\_\_ Program Fax: \_\_\_\_\_

Program Email: \_\_\_\_\_

Program Mailing Address, <i>if Different Than Above:</i>	Program Billing Address, <i>if Different Than Above:</i>
Street: _____	Street: _____
City: _____ Zip Code: _____	City: _____ Zip Code: _____
Phone: (    ) _____	Phone (    ) _____
Fax: (    ) _____	Fax: (    ) _____

Type of Program:      ☐ Head Start    ☐ For profit    ☐ Not for profit    ☐ Public School

Step Up To Quality Rating: ☐ One Star    ☐ Two Star    ☐ Three Star    ☐ Four Star    ☐ Five Star    ☐ Not SUTQ rated

Is your program accredited? ☐ Yes    ☐ No    If yes, by whom? \_\_\_\_\_

Part-day Program?    ☐ No    ☐ Yes (check one)    If yes, hours per day children are in care? \_\_\_\_\_

# of children currently enrolled: \_\_\_\_\_      # of children on state subsidy: \_\_\_\_\_

**Please check all forms of funding your facility receives (check all that apply):**

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

**Program Staff:**

# of full-time staff \_\_\_\_\_      # of part-time staff (work less than 40 hours per week): \_\_\_\_\_

# of staff that work less than 12 months per year: \_\_\_\_\_

## 7. Statement and Signature of Applicant

I, \_\_\_\_\_ (applicant's name) attest that the information provided on this application and the supporting documentation is true to the best of my knowledge. I understand that the social security number provided is my correct tax identification number and I am a US citizen. I understand that falsifying application information or documentation or the failure to comply with documentation requirements may result in the inability to be a participant in this program. If my participation is terminated due to my failure to comply with documentation requirements, I understand that my employer may be notified along with the program funder. If for any reason the scholarship money is issued incorrectly as a result of false information provided by me, I acknowledge that I will be required to reimburse T.E.A.C.H. Early Childhood® OHIO for the monetary support that was received in error. Based on this information, I am applying for a scholarship from T.E.A.C.H. Early Childhood® OHIO to help pay the cost of early childhood education expenses.

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

\_\_\_\_\_  
Date

## 8. College/University Information

Are you currently enrolled at a Community College or University? ☐Yes ☐No

Which semester would you like your scholarship to begin? ☐Fall ☐Summer ☐Spring \_\_\_\_\_ (year)

Have you been through the admissions process at Cincinnati State? ☐Yes ☐No

## 9. Participation Agreement

### Scholarship Recipient agrees to:

- Pay 10% of the cost of tuition for approved courses enrolled in during the contract year. If you are a Type B Family Child Care Provider or Center Owner you must pay an additional 10%, for a total of 20% of tuition, to cover the Sponsor portion of the agreement (since you will not have a Sponsor).
- Pay 10% of book costs.
- Commit to employment at sponsoring child care program or to keep my home/center open (if owner) for six (6) months upon successful completion of the six (6) semester hours.

***Skip this next section if you are a Type B Family Child Care Provider or the owner of a licensed program and sign only as applicant below***

### Sponsoring Child Care Program agrees to:

- Pay 10% of the cost of tuition for each approved course in which the scholarship employee is enrolled, up to a maximum of six (6) semester hours during the contract period.
- Pay 10% of book cost
- Provide up to three (3) hours of paid release time to the scholarship employee each week that classes are in session. ***Note: Part-day employees and employees that are not part of the staffing ratio in the classroom are not eligible for Release Time***
- At the end of the contract, compensate your scholarship recipient with a \$50.00 bonus, payable upon completion of college credit requirements and receipt of a letter from T.E.A.C.H. OHIO indicating it is due.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Program Director/Owner or Board Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Program (please print)

**T.E.A.C.H. Early Childhood® OHIO**  
**Checklist of Attachments for the**  
**CDA College Credit Scholarship Application**

In order to process your scholarship application, please send the following items to:

Ohio Child Care Resource and Referral Association  
T.E.A.C.H. Early Childhood® OHIO  
2469 Stelzer Road  
Columbus, OH 43219  
Fax 614-396-5960  
Email: [teach@ocrra.org](mailto:teach@ocrra.org)

All Scholarship Applicants:

- ☐ COMPLETED and signed T.E.A.C.H. OHIO CDA College Credit Scholarship Application
- ☐ Signed Participation Agreement
- ☐ Copy of your program license

Center Staff:

- ☐ Verification of income and hours worked: Copy of a **current** (within the last month) paycheck stub

Type A and Type B Family Child Care Providers:

- ☐ Verification of income and hours worked:
    - Schedule C form (from federal tax return)
- OR**
- The past month's four consecutive weekly statements from your county portal which provides the amount of payment and family co-pays
  - Copies of private pay receipts from the same time period or signed statements from families stating how much they pay for care
  - If you participate in the Food Program, a copy of your most recent payment

Use this link to see what comes next in the application process:

[http://teach.ocrra.org/documents/whats\\_next.pdf](http://teach.ocrra.org/documents/whats_next.pdf)

Please contact us if you have any questions - 877-547-6978 (toll free); 614-396-5959; 614-396-5960(fax) or email [teach@ocrra.org](mailto:teach@ocrra.org).

## Statement of Income for Type-B Professional

Instructions: This sheet is to help you determine your monthly earnings and hourly rate from your family child care home business. For each question, use the monthly amount you earn and expense incurred. These must come from the same month. **Remember, you must include verification of your income such as copies of receipts for each of the children you care for or a signed statement from each parent with the amount paid each week.** You will also need documentation for publicly subsidized children.

### A. MONTHLY REVENUE

1. How much did you receive from private pay parents? \$ \_\_\_\_\_
  2. How much was the Title XX/ODJFS subsidy for children in your care? \$ \_\_\_\_\_
  3. How much did you receive in co-pays from subsidy parents? \$ \_\_\_\_\_
  4. How much was your Child & Adult Care Food Program Reimbursement? \$ \_\_\_\_\_
- Total \$ 0.00 Box 1

### B. MONTHLY EXPENSES

How much did you spend on your home child care business last month for:

- |  |   |
|--|---|
| 1. Food Expenses \$ _____              | 5. Transportation \$ _____<br>(use \$0.25 per mile) |
| 2. Toys \$ _____                       | 6. Training fees \$ _____                           |
| 3. Assistant/Substitutes Care \$ _____ | 7. Gifts for Children/Families \$ _____             |
| 4. Crafts/Supplies \$ _____            | 8. Other \$ _____ Specify _____                     |
- Total \$ 0.00 Box 2

### C. HOURS WORKED

In a typical week:

DAY	EXAMPLE	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<b>Time first child arrives</b>	<i>7 am</i>							
<b>Time last child leaves</b>	<i>3 pm</i>							
<b>Total hours Per day</b>	<i>8 hours</i>							

Sum your total hours worked per day to get your total hours worked per week and enter here 0 Box 3. We only count up to 60 hours worked per week when figuring a wage per hour. We multiply your total hours worked per week (up to 60) by 4.33 to get the answer in Box 4, hours per month.

### D. ESTIMATE HOURLY WAGE

$$\begin{array}{rcl}
 \text{0.00} & \text{BOX 1 -} & \text{0.00} & \text{Box 2} \\
 \hline
 & & \text{0} & \text{Box 4 hours per month}
 \end{array}
 = 
 \text{Box 5 wages per hour}$$