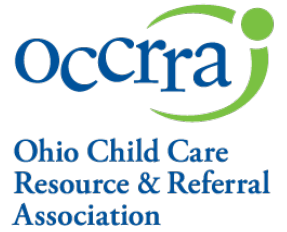




CDA College Credit* Scholarship Application

*** Only applicable for individuals enrolling in
30 Week CDA Courses at
Cincinnati State & Technical and Community
College**



1. Personal Information

Please Print

Application Date: _____ Social Security #¹: _____

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 No¹

¹ 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)

- | | | | | |
|----------------------------------|---|---|--|----------------------------------|
| <input type="checkbox"/> Mailing | <input type="checkbox"/> My Center Director | <input type="checkbox"/> T.E.A.C.H. Recipient | <input type="checkbox"/> CCR&R Agency | <input type="checkbox"/> College |
| <input type="checkbox"/> Website | <input type="checkbox"/> Presentation | <input type="checkbox"/> Workshop | <input type="checkbox"/> 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....?

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

- CDA: Infant/Toddler CDA: Family Child Care Home Specialization: Bi-Lingual (Language: _____)
 CDA: Preschool CDA: Home Visitor State Issued Credential Post BS (State Teaching License)

Are you CPR/First Aid Certified? Yes No

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

- Less than 2 Years 6-10 Years
 2-5 Years 10+ Years

Please check the box that best describes your educational history:

- No high school diploma Associate Degree (Major: _____) Doctorate
 High school diploma/GED Bachelor Degree (Major: _____)
 1-year certificate 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? <i>(check only one)</i>	<input type="checkbox"/> Teacher	<input type="checkbox"/> Family Based Professional
	<input type="checkbox"/> Assistant Teacher	<input type="checkbox"/> Non-Teaching Professional Staff
	<input type="checkbox"/> Administrator	<input type="checkbox"/> Non-Teaching Support Staff
What age groups do you teach? <i>(please check all that apply)</i>	<input type="checkbox"/> Infants (0-12 Months)	<input type="checkbox"/> Preschool (37 Months – Pre-K)
	<input type="checkbox"/> Toddler (13-36 Months)	<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

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

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.

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 \$ Box 1

B. MONTHLY EXPENSES

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

- | | |
|--|---|
| 1. Food Expenses \$ _____ | 5. Transportation \$ _____
(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 \$ Box 2

C. HOURS WORKED

In a typical week:

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

Sum your total hours worked per day to get your total hours worked per week and enter here 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

$$\frac{\text{Box 1} - \text{Box 2}}{\text{Box 4 hours per month}} = \text{Box 5 wages per hour}$$