

T.E.A.C.H. Early Childhood® Scholarship Program

National CDA Credential Assessment Scholarship Application

[This scholarship does not include tuition and books]

Legal Name _____ Female
 Male

First Name Initial Last Name Maiden Name and/or Previous Last Name(s)

Home Mailing Address _____ Apt # _____

City/State _____ Zip+4 _____ County _____

Phone (H)() _____ (Cell)() _____ (W)() _____

Social Security Number _____ Birthdate _____

Email _____ Check here if applicant
 is NOT a Florida resident

Ethnicity: Black White Hispanic Native American Asian Pacific Islander Other

Employment Status

What is your job title? _____ Check here if applicant
 is also center/FCCH owner

Do you teach in one of these classrooms: VPK Head Start N/A

Date of employment at current workplace? (month/day/year) _____

What age group(s) do you teach? _____ Check here if before or
 after school program

For FCCH providers only, how many weeks each year is your home open (There are 52 weeks in a year)? _____

How many hours a day is your FCCH open? _____ How many days a week is your FCCH open? _____

Family Structure

Including yourself, how many family members live in your household? _____

Check one: Married, no children Married parent or grandparent with (number) _____
 Married, no minor children minor children or grandchildren in the home
 Single, no children Single parent or grandparent with (number) _____
 Single, no minor children minor children or grandchildren in the home

How did you find out about the T.E.A.C.H. Early Childhood® Scholarship Program?

Presentation Mailing R&R Agency College/School Center T.E.A.C.H. recipient Other

Educational History

Name of Last High School Attended and City/State	Dates Attended	High School Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No	G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No

Technical School Community College University	Dates Attended	Major(s)	Credit Hours Earned	Type of Degree Earned

For T.E.A.C.H. use only	
QUAL APP _____	Authorized _____

Are you *currently* taking classes toward the National CDA? Yes No
 If yes, name of school _____ Date you will finish classes _____

ATTENTION: If you would like T.E.A.C.H. to pay for a portion of your tuition and books, complete the **Staff Credential** (formerly CDAE) application which also **includes the National CDA Assessment**.

Have you already earned a Florida Staff Credential (FCCPC/ECPC) or completed your 120 clock hours?
 Yes - If yes, when did you receive your original Staff Credential/finish 120 hours? (month/year) _____
 If you received your original Credential (**NOT the renewal**) or completed your 120 clock hours more than 5 years ago, you need a waiver. You still need a waiver even if you have renewed your Staff Credential. For waiver information, call toll free 1-800-424-4310.
 No - If no, you may be completing the wrong application. See box above. **When will you receive your Florida Staff Credential or complete your 120 hours?** _____

When do you plan to apply for the Assessment? You must apply within six months of distributing your parent questionnaires, assembling your Professional Resource File and completing your initial observation; otherwise you will need to redo your questionnaires and observation and update your Resource File Statements of Competence, etc. Choose application due date in Washington.

Assessment Application Due at T.E.A.C.H.	Assessment Application Due in Washington*	Council Verification Visits to Occur
November 1	December 1*	1 st Quarter: January, February, March
February 1	March 1*	2 nd Quarter: April, May, June
May 1	June 1*	3 rd Quarter: July, August, September
August 1	September 1*	4 th Quarter: October, November, December

*I intend to apply for the National CDA Assessment by (date): _____ **ASAP**

Check specialization(s) Center-based infant/toddler program (children to 36 months)
 Center-based preschool program (children 3-5 years)
 Family child care home program
 Bilingual specialization

Have you sent your National Assessment application to Washington? Yes No When? _____
 Have you sent your \$325 application fee to Washington? Yes No When? _____
 Do you have your Assessment packet? Yes No (To order packet, call 800-424-4310, select 1 then 2)

PROGRAM INFORMATION

Legal Name of Facility: _____

Check appropriate box: Individual/sole proprietor Corporation Partnership Other _____

P.O. Box/Mailing Address: _____

City/State/Zip: _____, FL _____ County: _____

Phone # () _____ Fax # () _____

License/Registration # _____ **AND** Federal ID / Taxpayer ID # _____
 Check if license-exempt

Signed by Director or Owner _____ Print name _____

Does your center offer Voluntary Pre-K? Yes No

Center Auspices (check **all** that apply): Profit Nonprofit Head Start Public Faith-based

Is your center NAEYC accredited? Yes No Other accreditation _____

Number of children licensed for _____ Number of children enrolled _____

Center Child Care Provider STATEMENT OF INCOME

Instructions: For income and employment verification from your job, your supervisor must complete and sign the verification of income section on page 4 of this application. **Do not send pay stubs.**

A. Your earnings at sponsoring
Center/FCCH \$ _____ per _____

Employer (Center/FCCH) _____

Number of hours you work per week..... _____

Number of weeks you work per year..... _____
(There are 52 weeks in a year)

B. Your YEARLY EARNINGS
from employment (before taxes)..... \$ _____

C. If your child attends your program for free or at a reduced tuition rate, include the cost of that tuition as income **if it is not already included in your hourly rate above** (\$ _____ /month x 12). + _____

D. YEARLY GROSS INCOME\$ _____

E. Are you a student? No Yes
If yes, answer 1-3.

1. Pell / Grant #1.....\$ _____

2. Scholarship / Grant #2.....\$ _____

3. Scholarship / Grant #3 \$ _____

APPLICANT AFFIRMATION

I, the applicant, agree to the Option chosen by my employer on page 4 of this application and further agree:

- a) to submit my Direct Assessment application to the T.E.A.C.H. Program;
- b) to complete the Assessment; and
- c) to send a copy of my National Credential certificate to DCF and to my T.E.A.C.H. Counselor.

I am a Florida resident. I have made a copy of my application for my own records. **I understand my application will be returned to me if it is incomplete or incorrect.**

Signature of Applicant

Date: _____



Family Child Care Home Owner STATEMENT OF INCOME

Instructions: This sheet will help you determine your monthly earnings from your family child care home. For income, base your answers on **last month's** receipts. (Use the enclosed Payment Worksheet or submit a list of the children, amount paid by parents, amount of subsidy and / or VPK reimbursement.) For expenses, use an **average** month. **USE PENCIL. USE PENCIL. USE PENCIL.**

1. What is the total amount paid to you
by parents each week? \$ _____
(Multiply line 1 by 4.33 weeks per month) x 4.33

2. Total Monthly Parent Payments \$ _____

3. Amount of your USDA Food Program Reimbursement _____

4. Amount of your Child Care Subsidy _____

5. Amount of VPK Reimbursement _____

6. Total Monthly Income
(Add lines 2, 3, 4 and 5) \$ _____

7. In an **average month**, how much do you spend for children in your child care home on:

a. Food (meals, snacks, formula) \$ _____
 Check if parents supply any food

b. Operating Costs (utilities, mortgage, rent, etc. allowable as business expense by IRS is about 35% of total household expenses) See page 5 of application. _____

c. Assistant or Substitute _____

d. Crafts / Supplies / Toys / Gifts _____

e. Transportation (55¢ per mile for 2009) _____

f. Training Fees (1/12th of yearly x 20%) _____

g. Business Insurance (1/12th of yearly) _____

h. Cell or separate **business** phone _____

i. Other (specify _____) _____

8. Total Monthly Expenses
(Add lines 7a through 7i) \$ _____

\$ _____ - _____ = \$ _____
Income Expenses
Line 6 minus Line 8
Monthly Profit / (Loss)

(SIGN APPLICANT AFFIRMATION AT LEFT)

**SCHOLARSHIP SPONSOR / PARTICIPATION AGREEMENT
(THIS SCHOLARSHIP DOES NOT INCLUDE TUITION AND BOOKS)**

(Supervisor must choose ONE Option Only)

- OPTION I –For Center-based and FCCH owners**
Teacher/FCCH operator agrees to:
- Pay 15% of the Assessment fee (\$48.75-send no money)
 - Commit to working in the childcare field in Florida for 6 months after receiving the CDA Credential

- Center/FCCH agrees to:**
- No commitment

- OPTION II – For Center-based applicants only**
Teacher agrees to:
- Commit to employment at the sponsoring center for 9 months after receiving the CDA Credential

- Center agrees to:**
- Pay 15% of the Assessment fee (\$48.75)

- OPTION III – For Center-based applicants only**
Teacher agrees to:
- Pay 7.5% of the Assessment fee (\$24.37-send no money)
 - Commit to employment at the sponsoring center for 6 months after receiving the CDA Credential

- Center agrees to:**
- Pay 7.5% of the Assessment fee (\$24.38)

TO BE COMPLETED BY EMPLOYEE’S SUPERVISOR OR FACILITY OWNER

I affirm that this applicant’s date of hire is _____. By signing this document I agree to the terms stated above and affirm that this applicant 1) works/volunteers _____ hours per week and 2) is paid/volunteers for _____ weeks per year (there are 52 weeks in a year) 3) at a rate of \$_____ per hour. 4) Applicant works _____ hours per week in the classroom and/or in a before or after school program. If employee is salaried, yearly salary is \$_____. For seasonal employees, applicant works _____ (name of month) through _____ (name of month).

Applicant receives free or reduced childcare of \$_____ per month (check one below if applicable):

- Free or reduced childcare is in addition to the hourly rate
 Free or reduced childcare is included in the hourly rate

I agree that the center/FCCH will be responsible for paying a portion of the Assessment fee as outlined in Option II or III above even if the employee breaks the contract.

(Print Name of Applicant’s Supervisor or Center Owner)

(E-mail Address)

(Signature of Applicant’s Supervisor or Center Owner)

(Title)

(Date)



**T.E.A.C.H. Early Childhood® Scholarship Program
Children’s Forum
2807 Remington Green Circle / Tallahassee, FL 32308
(850) 487-6302 or Toll Free (877) FL-TEACH
www.thechildrensforum.com/teach.php**



DO NOT FAX!!!

TEACH CDA Assessment green – rev 5/09
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Sponsored by the Children’s Forum and the State of Florida, Agency for Workforce Innovation.

Family Child Care Home Provider Only
INCOME / PAYMENT WORKSHEET
 Return with FCCH T.E.A.C.H. Application

 Name of FCCH Provider

 License/Registration number

Age of Child	FIRST NAME OF EACH CHILD (List all children in your care)	FOR EACH CHILD: Amount paid to you <u>WEEKLY</u> BY PARENTS (Do NOT include subsidy or VPK reimbursement)	FOR EACH CHILD: CHILD CARE SUBSIDY paid to you <u>MONTHLY</u> by subsidizing agency	FOR EACH CHILD: VPK REIMBURSEMENT paid to you <u>MONTHLY</u> by the local coalition
		\$	\$	\$
		\$	\$	\$

(Record on Line 1 of page 3)

(Record on Line 4 of page 3)

(Record on line 5 of page 3)

Return with FCCH T.E.A.C.H. scholarship application to:
 2807 Remington Green Circle •Tallahassee, FL 32308

Family Child Care Home Provider Only
MONTHLY BUSINESS OPERATING EXPENSE WORKSHEET
Return with FCCH T.E.A.C.H. Application

A Monthly Income Statement appears on page 3 of the Family Child Care Home Provider portion of the scholarship application form. The formulas and information below may help you determine your monthly expenses.

7b. Operating costs (Do not include food, auto or any other non-housing expenses)

Monthly Operating Expenses for whole house:

Mortgage including property taxes and homeowners insurance OR Rent (Military personnel living on base should enter the amount deducted monthly from paychecks to cover housing expense) <input type="checkbox"/> Check here if on-base military.....	\$ _____
Electricity and/or Gas.....	_____
Water and Garbage (per month) (Divide quarterly bill by 3 to get monthly).....	_____
Basic telephone (no long distance). If business has a separate telephone, list it under 7h on page 3 of application.	_____
Internet access.....	_____
Other (specify – Exterminator?) _____	_____
Other (specify - lawn maintenance?) _____	_____
Total Monthly Operating Expenses for whole house	\$ _____
Multiply by 35%, approximate amount charged to business.....	_____ x .35
Total Monthly Business Operating Expenses (line 7b- Page 3)	\$ _____

7e. Transportation

If the business owns a vehicle, the cost of gas, insurance, maintenance, depreciation and other expenses attributable to the vehicle may be charged to the business. This means you may **NOT charge 55¢ per mile for travel**. **Check with your CPA for monthly cost of business-owned vehicles.**

You may **ONLY charge mileage** when you use a **personal vehicle for business**. It is important that you keep a running record of business use which includes starting mileage, ending mileage, total miles driven for each trip and the **purpose** of each business trip (getting groceries or supplies for the business, field trips, transportation to and from school for afterschoolers, transportation to classes, business-related meetings, etc. **Check with your accountant for a list of what is considered business expense**). You will need this log when preparing your Federal Income Tax Return. The 55¢ per mile deduction is good for 2009 taxes. The deduction will change for 2010.

7f. Tuition / training fees

When computing monthly cost of tuition, remember that if you receive a scholarship you will only be paying **20% of the cost** of your Director Credential, Staff Credential or AS degree classes. Multiply yearly total cost of tuition and books by .20 (20%) then divide by 12 months to arrive at a monthly cost.

7g. Insurance

About 35% of your homeowner's insurance policy can be charged to your business (**already charged in 7b above**). If you have liability insurance for your business **only**, 100% of the cost can be charged to your business. (Don't forget to divide yearly total by 12 to get a monthly cost.)