



Updated: 4/11/2019

CDA Scholarship Application

When complete return to: Kansas Child Care Training Opportunities, Inc. (KCCTO)
2323 Anderson Ave. Suite 151
Manhattan, Ks 66502

If you have questions contact: (800)227-3578 or (785)532-7197
kccto.inc@gmail.com

Welcome!

Thank you for your interest in Kansas Child Care Training Opportunities' CDA Scholarship. KCCTO is committed to providing assistance to early childhood professionals seeking to further their knowledge and understanding of quality early childhood practices. In particular, KCCTO is pleased to provide Kansas residents with the opportunity to apply for our CDA scholarship. This scholarship covers the Council for Professional Recognition's \$425 online CDA application fee.

In addition to completing this application, supplementary materials are required. A brief checklist is included below. Additional information for each item can be found within the application.

Application Materials Checklist:

- A copy of your current KDHE license
- Proof of in-service training/college credit hours completed
- Reflective Statements
- References

We look forward to assisting you on your professional journey!

Sincerely,

KCCTO Staff



CDA SCHOLARSHIP APPLICATION

Applicant Information

Name: _____

Home Address: _____
Street Address City State Zip

Email: _____ Phone: _____

What is the highest level of education you have completed?	
<input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> 1 Year College/Vo-Tech <input type="checkbox"/> 2 Year College <input type="checkbox"/> 4 Year College	Major: _____ Minor: _____

Employment Information

Employment Start Date: _____

Facility Name: _____

Facility Type: <input type="checkbox"/> Family Child Care or Group Home <input type="checkbox"/> Center <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Preschool <input type="checkbox"/> Tribal Care – Family Child Care or Group Home <input type="checkbox"/> Tribal Care – Center	Facility License and DCF Status: <input type="checkbox"/> This facility is licensed with KDHE. <input type="checkbox"/> This facility is license exempt. <input type="checkbox"/> This facility accepts DCF Child Care Assistance.
Family Child Care Position/Title: <input type="checkbox"/> Family Child Care Provider <input type="checkbox"/> Family Child Care Assistant <input type="checkbox"/> Family Child Care Substitute/Back-up Care Provider	Center, Head Start or Preschool Position/Title: <input type="checkbox"/> Director <input type="checkbox"/> Assistant Director <input type="checkbox"/> Lead Teacher <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Classroom Support Staff <input type="checkbox"/> Program Support Staff <input type="checkbox"/> Center Substitute

Your CDA

For which CDA setting are you applying? <input type="checkbox"/> Family Child Care <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Preschool	Your Council ID Number: _____
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Application Materials

Applicant Eligibility

Applicant must meet all eligibility requirements listed below:

- I am a Kansas resident.
- My facility is licensed by KDHE (attach copy of current KDHE license).
 - Not Applicable (my facility is license exempt)
- I do not currently hold a CDA or have an Early Childhood degree.
- I have not and will not receive any other financial assistance for the CDA application fee.
- I have completed 480 hours of professional work experience (within the last 3 years).
- I have been employed at the same licensed child care program for at least the last 6 months.
- I have completed at least 120 hours of professional education (attach proof of in-service training/college credit hours).
- I have completed my Professional Portfolio (within the last 6 months).

Reflective Statements

Attach on a separate piece of paper 2-3 paragraphs reflecting on the statements listed below. The attached document must include the applicant's original signature.

1. Reflect on your collected Family Questionnaires. Based on the feedback from families, what are some of your strengths or areas of professional growth you can focus on in your work with children?
2. What have you gained from the CDA process? How has this process changed your work? Why do you believe the CDA is an important step in your career?
3. What are your future education plans and professional development goals?
4. What supports did you receive or you believe would have been helpful during the CDA process?
5. Once you have received your CDA, what additional topics of interest will you begin to seek out to meet the higher-level training requirements for Renewal?

References

Select two individuals to serve as references – one co-professional reference and one supervisor reference (*supervisor reference not required for Family Child Care*). References should mail the 'CDA Scholarship Application Reference Form' directly to the KCCTO office with an addressed envelope provided by the applicant.

Scholarship Agreements (required)

- I agree to participate in follow-up studies and surveys conducted by KCCTO.
- I agree to scan and email or copy and mail my CDA Credential to KCCTO once received.

Signature of Applicant

*I certify that the information given and attached to this Application is, to the best of my knowledge, correct. If awarded a Scholarship, I agree to prepare for and complete the CDA credentialing process **within 6 months** and to provide post assessment information as requested. I certify that I meet guidelines set forth under KDHE regulation 65-516 regarding restrictions on persons maintaining or residing, working or volunteering at child care facilities (including, but not limited to criminal conviction or validated abuse allegations). I understand that all information released will be for the exclusive and confidential use of Kansas Child Care Training Opportunities, Inc.*

SIGNATURE _____

DATE _____





CDA Scholarship Applicant Reference Form

Please mail form directly to KCCTO within a sealed envelope provided by the Applicant.

This information will be kept confidential.

When complete return to:

Kansas Child Care Training Opportunities, Inc. (KCCTO)
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Applicant Name: _____

Co-Professional Reference

This reference must be an individual who has knowledge of the applicant's direct work with children **within the last three years**. The reference may be a co-teacher, para-professional, etc.

Reference Name: _____ **Phone:** _____

Professional Relationship to Applicant: _____

- I currently work with the applicant.
- I have previously worked with the applicant (within the last three years).

Place of employment: _____

How has the CDA process changed the applicant's work with children?

Additional Comments.

Signature of Co-Professional Reference*

I certify that the information given and/or attached to the Reference Form is, to the best of my knowledge, correct. I understand that all information released will be for the exclusive and confidential use of Kansas Child Care Training Opportunities, Inc.

SIGNATURE _____ **DATE** _____

***Any attached documents must include the co-professional's original signature.**





CDA Scholarship Applicant Reference Form

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This information will be kept confidential.

When complete return to:

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Applicant Name: _____

Supervisor Reference

This reference must be an individual who has supervisory knowledge of the applicant's work experience with children **within the last three years**. The reference may be a director, training supervisor, etc.

Reference Name: _____ **Phone:** _____

Professional Relationship to Applicant: _____

- I currently work with the applicant.
- I have previously worked with the applicant (within the last three years).

Place of employment: _____

How has the CDA process changed the applicant's work with children?

Additional Comments.

Signature of Supervisor Reference*

I certify that the information given and/or attached to the Reference Form is, to the best of my knowledge, correct. I understand that all information released will be for the exclusive and confidential use of Kansas Child Care Training Opportunities, Inc.

SIGNATURE _____ **DATE** _____

***Any attached documents must include the supervisor's original signature.**

