



Updated: 1/25/2019

## 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](mailto: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?

- GED
- High School
- 1 Year College/Vo-Tech
- 2 Year College
- 4 Year College

Degree: \_\_\_\_\_

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

For which center-based CDA setting are you applying?

- Infant/Toddler
- Preschool

Current Position (ex: Lead Teacher): \_\_\_\_\_

### Facility Information

Facility Name: \_\_\_\_\_

Director Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_  
Street Address City State Zip

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

- This facility is licensed with KDHE.
- This facility is license exempt.





## 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 practice with children?
2. What have you gained from the CDA process? How has this process changed your practice? 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. **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)  
2323 Anderson Ave. Suite 151  
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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 practice 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.**





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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 practice 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.**

