



**Child Development Associate (CDA)
Training Scholarship Application with
Resource and Referral Agency**

For professionals currently working in an ODJFS Licensed
Center or Family Child Care Home

1. Personal Information

Please Print

Application Date: _____ Social Security #: _____

Name: _____
First Middle Last

Address: _____

City: _____ State: **OH** Zip: _____ County: _____

Home phone #: _____ Cell phone #: _____

E-mail: _____

Date of birth: _____ Gender: Female Male

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 CDA Training Scholarship? (check one)

- Mailing My Center Director CCR&R Agency Career Tech Teacher/Administrator
 Website Presentation Workshop Other (please specify): _____

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: _____

The above information is used for demographic purposes only.

2. Education and Training

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: _____) | |

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 |

Which CCR&R will you be working with for training? _____

Have you registered for 120 hours of education in 8 subject areas? Yes No

I intend to apply for the following type of CDA Credential (*check one*):

- Center based infant/toddler (children up to 36 months of age)
- Center based preschool (children 3 – 5 years of age)
- Family Child Care

3. 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://www.occrra.org/user/login>

If you are not yet in the Registry, use this link for instructions to start using the registry:

<https://cdn.occrra.org/documents/Ohio%20Professional%20Registry%20-%20User%20instructions.pdf>

Completing steps 1, 2 and 3. will let you view your OPIN on your Profile Summary page.

4. Child Care Program Information

Program License Number: _____ Program Name: _____

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

Program address: _____

City: _____ County: _____ Zip: _____ Phone: _____

Email: _____ Fax: _____

Director/Administrator/Owner name: _____

Type of Program (check all that apply):

Child Care Program Head Start Public School Preschool For Profit Not for Profit
 Other _____

Is your program accredited? Yes No If yes, by whom? _____

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

I understand that my employee _____ is applying for this scholarship.

Signature of Program Director, Administrator or Owner

Date

5. Statement and Signature of Recipient

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 program 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 OCCRRA for the monetary support that was received in error. Based on this information, I am applying for a scholarship from OCCRRA to help pay the cost of the CDA Training.

I understand that this scholarship is up to \$1,350 based on the fees assessed by my local Child Care Resource and Referral Agency. These funds are paid to the R&R upon completion of the training series. If I do not complete the training series, I understand that my local Child Care Resource and Referral Agency will bill me for the portion taken to-date. In some cases, the Child Care Resource and Referral Agency may require fees to participate in the training that will be reimbursed upon completion.

Signature of Recipient

Date

Please contact OCCRRA if you have any questions at 877-547-6978

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

Ohio Child Care Resource and Referral Association
Workforce Development
2469 Stelzer Road
Columbus, OH 43219
Fax 614-396-5960