



**CDA SCHOLARSHIP APPLICATION  
TARRANT COUNTY ONLY**

- I. Eligibility Requirements:
- a. Must be 18 years of age or older
  - b. Hold a High School diploma or equivalent
  - c. Written & oral English proficiency
  - d. Have at least 2 years experience working with infant/toddlers and/or preschool age children, in an early childhood program or family day home, and be currently employed.  
(Experience working with school age children does not meet this requirement.)
  - e. Place of employment must be in Tarrant County
  - f. Must be a Teacher working in the classroom/or family day home, with infant, toddler or preschool age children, on a full time basis (at least 35 hours per week)
- II. Instructions:
- a. Complete all portions of the CDA Scholarship Application
  - b. The Director and Applicant must Print and Sign your name at the bottom of the application
  - c. Applications must be **received by 5:00 pm July 31, 2009**: for questions please contact Jo Ann Cottrell at x148, (817) 831-2111
  - d. **Mail to:**       **CDA Scholarship**  
                          **Camp Fire USA First Texas Council**  
                          **ATTN: Jo Ann Cottrell**  
                          **2700 Meacham Blvd.**  
                          **Fort Worth, TX 76137**

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**APPLICANT CONTACT INFORMATION:**

Name \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

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**CURRENT EMPLOYMENT INFORMATION:**

Program Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Your Current Title/Position: \_\_\_\_\_

**APPLICANT QUESTIONS:**

1. How many years have you been an early childhood teacher? \_\_\_\_\_ Years

What ages of children have you taught? \_\_\_\_\_

List the names of other childcare programs you have worked for, and the dates of employment:  
(If more space is needed, please attach another page with additional employment information)

Program Name:	Start date:	End date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Why do you want to earn a CDA Credential? (you may attach additional pages if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How will the children in your program benefit from you receiving this scholarship?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What is your highest level of Education?

- High School Diploma/GED                       Associates Degree in: \_\_\_\_\_  
 Some College courses taken                       Bachelors Degree in: \_\_\_\_\_

5. On average, how many clock hours of training do you earn each year? (Please check the appropriate box)

- Less than 15 hrs training/yr.                       15-20 hrs training/yr                       20-25 hrs training/yr                       More than 25 hrs training/yr

Where did you receive training last year, and who provided the training?

\_\_\_\_\_  
\_\_\_\_\_

**CDA Credential Desired:** check one-  infant/toddler  preschool  family provider

List any special training, skills, hobbies, or interests you feel help qualify you for this scholarship:

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**REFERENCES:**

Please use the attached Professional Reference Forms to provide at least **two (2) professional references**, who are not related to you. Professional references may include, for example: current or previous employers, coworkers, or anyone who is familiar with your work performance and professional conduct.

**Additional Information about the CDA Scholarship:** *applicant and Director please review the following information and sign below acknowledging understanding and agreement with the Scholarship requirements, should the applicant be awarded this scholarship.*

Scholarship is for the cost of tuition, in the amount of \$550, to attend the required 120 clock hours of training being offered by Camp Fire USA First Texas Council. It does not cover the required assessment fee of \$325 by the CDA Council for Professional Development, in order for the Credential to be awarded.

The Fall Class begins August 4, 2009 ending mid-June 2010, for a total of 40 class sessions. Classes will be held on Tuesdays from 6:30-9:30 p.m. This scholarship requires the participant to attend weekly classes and allow on-site visits by the instructor to mentor their progress.

Regular attendance is required. *Frequent absences may result in the candidate being dropped from the class.* If the recipient should drop from the class, for any reason, the program director of the center/or family home, is responsible for re-payment of the cost of tuition, and any other expenses incurred.

**I have read and understand the above statement and understand the scholarship requirements. I agree to abide by these guidelines if awarded the CDA Scholarship:**

\_\_\_\_\_  
Director Print Name

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Print Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Camp Fire USA First Texas Council  
2700 Meacham Blvd.  
Fort Worth, Texas 76137  
817-831-2111**



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**PROFESSIONAL REFERENCE FORM**

This Professional Reference Form is to be completed by someone who is not related to the candidate, and is familiar with the candidate’s work performance and professional conduct. Please complete the form entirely, including your name, signature and date. Thank you for taking the time to complete this reference. (Additional comments may be written on the back)

Scholarship Applicant’s Name: \_\_\_\_\_

Your Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

How do you know the scholarship applicant? \_\_\_\_\_

How long have you know the applicant? \_\_\_\_\_

**Please answer the following questions, be as specific as possible, providing examples if appropriate:**

1. How would you describe the applicant’s Communication Skills? \_\_\_\_\_

2. What strengths do you feel the applicant has in working with young children? \_\_\_\_\_

3. In what areas does the applicant need more experience or training in dealing with children, families or coworkers? \_\_\_\_\_

**Using this 5 point scale, how would you rate the candidate in the areas:**

<b>Performance Area:</b>	<b>Example:</b>	<b>Score (5,4,3,2,or 1)</b>
Learning New Skills	Accepts new information and implements it into the classroom, shares new information with others	
Initiative	Takes responsibility, makes suggestions for improvements, will get a job done (even if it’s not part of their job duties)	
Accountability	Meets deadlines, available when needed, assists others in also meeting deadlines, does not abuse break times, absences from work are minimal	

- |  |
|--|
| (5) Exceptional Performance<br>(4) Very Good Performance<br>(3) Good, Solid Performance<br>(2) Performance Needs Improvement<br>(1) Unacceptable Performance |
|--|

**Your Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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- |  |
|--|
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|--|

**Your Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_