

CDA Class Scholarship Application

Phyllis Jack Moore



Phyllis Jack Moore \$250 Scholarship
Eligibility Requirements: <ul style="list-style-type: none">• Can be employed in any county in Texas.• Must be 18 years of age or older.• Must hold a high school diploma or equivalent.• Written & oral English proficiency required.• Must be a full-time (at least 35 hours per week) teacher working in the classroom in a child care center with infant, toddler, or preschool age children or a family child care home provider.
Scholarship Benefit: <p>Phyllis Jack Moore Scholarship is for \$250 towards class fee. If awarded & accepted, recipient must pay the remaining \$325 fee before class ends.</p>

The second part of the CDA process is to obtain and submit personal funding for the Application Fee (\$425) paid directly to the Council of Professional Recognition. **I understand that I am responsible for paying the Council of Professional Recognition \$425 for the Application Fee within six months of completing the course work.** **YES NO**

(Some scholarships may be available for the Application Fee but are not guaranteed. A small financial commitment may be required of the child care facility for any Application Fee scholarships that become available.)

Instructions:

1. Complete all portions of the CDA Class Scholarship Application
2. The director and applicant must print and sign their names at the bottom of the application
3. Applications must be **received by 5:00 p.m. March 12, 2021.** Award recipients will be notified the week of March 8, 2021. For questions, please contact Debra Hanus at 817.831.2111, ext. 145 or Debra@CampFireFW.org.
4. Applications may be submitted by email to Training@CampFireFW.org; Fax to 817.806.5150 or mail to:

Camp Fire First Texas
ATTN: CDA Scholarship, Debra Hanus
2700 Meacham Blvd.
Fort Worth, TX 76137

APPLICANT CONTACT INFORMATION:

Name (as stated in Driver's license): _____ Date: _____

Home Address: _____ City/State/Zip: _____

Home Phone _____ Daytime Phone: _____ Cell Phone: _____

Email: _____

CURRENT EMPLOYMENT INFORMATION:

Program Name: _____ Phone Number: _____

Address: _____ City/State/Zip: _____

Immediate Supervisor: _____ Title: _____

Date Hired: _____ Your Current Title/Position: _____

CCMS program ID number _____

How many current CCMS children are enrolled in the facility? _____

Is your facility enrolled in the Texas Rising Star program? _____

What level is the facility listed as a Texas Rising Star program? _____

APPLICANT QUESTIONS:

1. How many years have you been an early childhood teacher? _____ years

What age ranges of children have you taught? _____

List the names of other child care 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:
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

3. In your career as an early childhood educator, how have you demonstrated passion, dedication, and hard work?

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

5. What is your highest level of Education?

- High School Diploma/GED Associates Degree in: _____
 Some college courses taken Bachelor's Degree in: _____

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

- 24 hrs training/yr. 25-30 hrs training/yr 31+ hrs training/yr

Where did you receive training last year? Who provided the training?

CDA Credential Desired: check one- Infant/Toddler Preschool Family Home

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

Additional Information about the CDA Class Scholarship: *Applicant and director, please review the following information and sign below to acknowledge understanding and agreement with the scholarship requirements, should the applicant be awarded this scholarship.*

Scholarship is for partial cost of tuition, in the amount of \$250, to attend classes and complete weekly homework assignments required for the 120 clock hours of training offered by Camp Fire First Texas. The recipient must pay the remaining \$325 fee before class ends.

The scholarship also does **NOT** cover the required additional Application Fee of \$425 payable to the Council for Professional Recognition. NOTE: Some scholarships may be available for the Application Fee and may require a small financial commitment from the child care facility.

The CDA class runs March 22, 2021 – August 16, 2021 for a total of 20 class sessions. Classes will be held on Mondays from 6:30-9:30 pm via ZOOM. This scholarship requires the participant to attend weekly classes and complete weekly homework assignments.

Regular attendance is required. **More than 2 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

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: current or previous employers, coworkers, or anyone who is familiar with your work performance and professional conduct.

CDA Class Scholarship Application 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 known 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 ways has the applicant demonstrated passion, dedication, and hard work? _____

4. 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 these areas:

Performance Area:	Example:	Score (5,4,3,2,or 1)
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
- (4) Very Good Performance
- (3) Good, Solid Performance
- (2) Performance Needs Improvement
- (1) Unacceptable Performance

Your Signature: _____

Date: _____

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Your Signature: _____

Date: _____

Applicant Demographic Data

Scholarships are provided primarily through grant funding and funders often require information about our participants. Will you please provide us with some information about yourself so that we can continue to offer scholarships for our programs? Your cooperation is appreciated by Camp Fire.

1. What is your gender?
 - Male
 - Female
 - Transgender
2. What is your age?
 - 18 to 20
 - 21 to 29
 - 30 to 39
 - 40 to 49
 - 50 to 59
 - 60 years or over
3. What do you consider your race/ethnicity?
(Response is optional. Funders often request this data.)
 - African-American
 - Asian/ Pacific Islander
 - Hispanic or Latino(a)
 - White/Hispanic
 - Black/Hispanic
 - Native American or Alaska Native
 - Caucasian
 - Multi-racial
 - Other _____
4. What is your MAIN position?
 - Family child care provider
 - Classroom Teacher
 - Assistant Director
 - Director
 - Owner
 - Owner/Director
 - Other _____
5. What are the Professional Credentials that you have acquired? (Please **circle** all that apply.)
 - Child Development Associate Credential
 - National Administrator Credential
 - ECMI - Administrator's Credential
 - Other: _____
6. What was the highest level of education you acquired? (Please **✓** check all that apply.)
 - High School Diploma or GED equivalent
 - Some College
 - College Degree
 - Associate's (Major _____)
 - Bachelor's (Major _____)
 - Master's (Major _____)
7. If you receive a salary, how much do you earn annually from **child care alone** before taxes?
 - Not applicable, I receive an hourly wage.
Go to question #8
 - Below \$17,000
 - \$17,001 - \$35,000
 - \$35,001- \$50,000
 - \$50,001 - \$75,000
 - \$75,001 - \$100,000
8. If you receive an hourly wage, how much do you earn per hour from **child care alone** before taxes?
 - Not applicable, I receive a salary; see response in question #7.
 - \$7 to \$9.99
 - \$10 to \$12.99
 - \$13 or more an hour
9. How many years have you worked in child care?
 - Less than 1 Year
 - 1-3 Years
 - 4-6 Years
 - 7-10 Years
 - Over 10 Years
10. How did you hear about the CDA program?
 - Friend
 - Coworker
 - Internet search
 - Employer
 - Camp Fire employee
 - Camp Fire E-newsletter
 - Licensing
 - Other