



montana early childhood project

To: Interested Parties

From: Early Childhood Project

Re: **CDA (Child Development Associate) Assessment Scholarships/Renewal**

The Montana Early Childhood Project offers this scholarship to promote the national Child Development Associate (CDA) credential as a meaningful and valid level of training, education, and experience that demonstrates competency as an early care and education practitioner. The CDA is recognized at two levels on the Montana Early Care and Education Career Path.

To be eligible for this scholarship you must be a current participant on the Montana Practitioner Registry. If you are not current or have never applied to the Practitioner Registry, call the Early Childhood Project (ECP) at 1-800-213-6310 or 406-404-1624f or read the user guide posted on the ECP website. Please note processing of The Registry application can take up to six weeks.

Funds are limited and may not be available for all applicants. Full assessment scholarships in the amount of \$425.00 (and renewal assessment scholarships in the amount of \$150.00) will be awarded to early care and education practitioners based upon available funds.

Approximately sixty days prior to submitting your CDA assessment materials to the Council in Washington, D.C., submit your CDA Assessment scholarship application to the Early Childhood Project. If you are awarded this scholarship, we will send you a **scholarship award authorization letter in the amount of \$425 (or \$150 for a renewal)**. Your official scholarship authorization letter and a copy of your scholarship award letter must accompany your materials you send to the Council. Your assessment fee will be withdrawn from the ECP's account with the Council.

To apply for this scholarship submit:

--A cover letter stating your professional goals and how this scholarship will help you achieve them and support your work with young children and families.

--A copy of your current Practitioner Registry certificate.

--A CDA Training and Education Record or verification of required CDA training from your CDA Professional Development Specialist.

Incomplete applications will not be considered.

We will notify you as soon as possible by mail after a review of your application. Thank you for your commitment to high quality early care and education in Montana. Please feel free to contact Brandi at 1-800-213-6310 if you have any questions.

 **montana early childhood project**
MONTANA SCHOLARSHIP PROGRAM
SCHOLARSHIP APPLICATION
Child Development Associate (CDA)
Assessment Fee or Renewal

Name _____ Assessment _____ or Renewal _____

Last Five Digits Social Security Number _____ Date of Birth _____

Address _____

City/State/Zip _____

Telephone _____ Email Address _____

A copy of your current Montana Practitioner Registry Certificate must be included with this application. If you are not a current participant on the Practitioner Registry, contact the Early Childhood Project at 1-800-213-6310 or 406-404-1624.

How did you learn about the availability of CDA Assessment Scholarship Funds?

1) I am applying for CDA assessment in:

- | | |
|--|---|
| <input type="checkbox"/> Center-based Preschool (3-5 yrs) | <input type="checkbox"/> Bilingual Specialization (Spanish/English) |
| <input type="checkbox"/> Center-based Infant/Toddler (birth-2 yrs) | <input type="checkbox"/> Home Visitor |
| <input type="checkbox"/> Family Child Care Home | |

2) I received my packet from the Council for Early Childhood Professional Recognition on

(date): _____ **or** I have not sent for my CDA packet yet

3) I plan to have all requirements completed and my assessment application sent to the Council for Early Childhood Professional Recognition by(date): _____

4) I plan to be observed for assessment at the following location:

Name of program: _____

City: _____ **Telephone:** _____

Type of Program:

- | | |
|---|---|
| <input type="checkbox"/> Family Child Care Home | <input type="checkbox"/> Part-day Preschool |
| <input type="checkbox"/> Group Child Care Home | <input type="checkbox"/> Pre-K - Grade 3 (public or private school) |
| <input type="checkbox"/> Full-day, Non-Profit Child Care Center | <input type="checkbox"/> School-age Child Care Program |
| <input type="checkbox"/> Full-day, For-Profit Child Care Center | <input type="checkbox"/> Other child/family service agency |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Early Head Start |

7) List three references who could verify your early care and education background (one must be your CDA Advisor):

| Name | Relationship | Address/City/Zip | Phone |
|-------------|----------------------------------|-------------------------|--------------|
| 1. _____ | CDA Professional Dev. Specialist | _____ | _____ |
| 2. _____ | | _____ | _____ |
| 3. _____ | | _____ | _____ |

The information on this application is accurate to the best of my knowledge.

Signature **Date**

Return application to: Early Childhood Project/MSU P.O. Box 173540 Bozeman, MT 59717



Training and Education Record

Candidates must document a total of 120 clock hours, of Montana approved early childhood coursework with no fewer than 10 clock hours in each of the areas listed below.

| Content Area | Name of Specific Course/Training Event | Name of Training Sponsor | Completion Date | # of Hours |
|---|--|--------------------------|-----------------|------------|
| Planning a safe, healthy learning environment | | | | |
| | | | | |
| | | | | |
| Advancing children's physical and intellectual development | | | | |
| | | | | |
| | | | | |
| Supporting children's social and emotional development | | | | |
| | | | | |
| | | | | |
| Building productive relationships with families | | | | |
| | | | | |
| | | | | |
| Managing an effective program operation | | | | |
| | | | | |
| | | | | |
| Maintaining a commitment to professionalism | | | | |
| | | | | |
| | | | | |
| Observing and recording children's behavior | | | | |
| | | | | |
| | | | | |
| Understanding principles of child development and learning | | | | |
| | | | | |
| | | | | |

