

To: Interested Parties

From: Early Childhood Project

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

Thank you for your interest in the CDA Assessment Scholarship. We have enclosed an Info Sheet about CDA for you.

It is the intent of the Scholarship Program as established by the Montana Early Childhood Advisory Council to promote the 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 (see enclosed chart).

**To be eligible for this scholarship you must be an active participant on the Montana Practitioner Registry. If you are not currently active or have never applied to the Practitioner Registry, processing of The Registry application can take up to six weeks. Call the Early Childhood Project (ECP) at 1-800-213-6310 or 406-994-4746 to request an application.**

Funds are limited and may not be available for all applicants. Full assessment scholarships in the amount of \$325.00 (and renewal assessment scholarships in the amount of \$50.00) will be awarded to early care and education practitioners based upon the following criteria when the funds become highly competitive. Do not let these criteria deter you from applying.

- 1) Readiness to submit CDA Assessment materials to the Council on Early Childhood Professional Recognition in Washington, D.C. Applicants who are within 30-60 days of mailing in their materials will be top priority.
- 2) A. Family income will be considered and applicants who fall at or below 200% of poverty will be targeted for awards.  
  
B. Applicants will be evaluated on lack of other resources available to them for assistance in assessment fee payment that shall include:

- Head Start
- Early Head Start
- Family Care Network
- Child Care Resource and Referral
- MT Child Care Association
- MT Association for the Education of Young Children
- Personal income
- Other

**--over--**

- 3) Geographical location will be considered as well to assure that practitioners in all areas of the state are receiving scholarships to complete their CDA credential.

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. Your scholarship award in the amount of \$325 (or \$50 for a renewal) will be authorized with the Council. Your official scholarship authorization from the ECP and a copy of your scholarship award letter must accompany your accreditation materials to the Council. Your assessment fee will be withdrawn from the Montana Scholarship Program's account with the Council.

**To apply for this scholarship submit a cover letter stating your intent to be assessed for the CDA credential and a copy of your current Practitioner Registry certificate. Complete the enclosed application form and training record.** Send your cover letter, a copy of your current Practitioner Registry Certificate, and your completed application to the ECP.

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 Libby or Pam at 1-800-213-6310 if you have any questions.

**Have you included these items with your application?** *Incomplete applications will not be considered.*

- Cover Letter of Intent
- A copy of your current Practitioner Registry Certificate
- Completed Application Form and Training Record



MONTANA SCHOLARSHIP PROGRAM
SCHOLARSHIP APPLICATION
CHILD DEVELOPMENT ASSOCIATE ASSESSMENT FEE (CDA)

Return application to: Earl Childhood Project MSU - P.O. Box 173540 Bozeman, MT 59717-3540



Name \_\_\_\_\_

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 currently an active participant on the Practitioner Registry, contact the Early Childhood Project at 1-800-213-6310 or 406-994-4746 for an application.

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

\_\_\_\_\_

1) Income Eligibility: Financial need may be a criteria for scholarship awards. Guidelines below are figured at 185% of the federal poverty level. Please note the dollar amount of your income as was reported on your federal household tax return. This number includes all income, not just wage

Number of members in family: \_\_\_\_\_

Gross family income for past year: \_\_\_\_\_

2) Other resources available to you for assistance: please indicate total amount awarded and date on the lines provided.

Table with 2 columns: Date, \$ Amount. Rows include: Head Start, Early Head Start, Family Care Network, Child Care Resource and Referral, Montana Child Care Association, Montana Association for the Education of Young Children, Other grants or scholarships (specify)

\_\_\_\_\_ Other grants or scholarships (specify) \_\_\_\_\_  
\_\_\_\_\_ Other grants or scholarships (specify) \_\_\_\_\_

**3) I am applying for CDA assessment in:**

- Center-based Preschool (3-5 yrs)
- Center-based Infant/Toddler (birth-2 yrs)
- Family Child Care Home
- Bilingual Specialization (Spanish/English)
- Home Visitor

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

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

**5) I plan to have all requirements completed and my assessment application sent to the Council for Early**

**Childhood Professional Recognition by (date):** \_\_\_\_\_

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

**Name of program:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Type of Program:**

- Family Child Care Home
- Group Child Care Home
- Full-day, Non-Profit Child Care Center
- Full-day, For-Profit Child Care Center
- Head Start
- Early Head Start
- Part-day Preschool
- Pre-K - Grade 3 (public or private school)
- School-age Child Care Program
- Other child/family service agency (specify) \_\_\_\_\_

**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 Advisor	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

*I hereby apply for funding for a CDA Assessment Fee Scholarship.  
The information on this application is accurate to the best of my knowledge.*

\_\_\_\_\_  
**Signature**

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

## TRAINING AND EDUCATION RECORD

**Candidates must document a total of 120 clock hours within the past 5 years,  
with no fewer than 10 clock hours in each of the areas listed below.**

<b>CONTENT AREA</b>	<b>NAME OF SPECIFIC COURSE/TRAINING EVENT</b>	<b>NAME OF TRAINING SPONSOR</b>	<b>COMPLETION DATE</b>	<b># OF HOURS</b>
<b>Planning a safe, healthy environment to invite learning</b>				
<b>Steps to advance children's physical and intellectual development</b>				
<b>Positive ways to support children's social and emotional development</b>				

<b>Strategies to establish productive relationships with families</b>				
<b>Strategies to manage an effective program operation</b>				
<b>Maintaining a commitment to professionalism</b>				
<b>Observing and recording children's behavior</b>				
<b>Principles of child growth and development</b>				