

SDCDA

Assessment Scholarship Application

Please read each question carefully and answer fully. Attach additional sheets if necessary.

Failure to answer each question completely, may adversely affect the outcome of your application.

Name: _____ SS#: _____

Address: _____ City/Zip: _____

Place of Employment: _____

Employer's Address: _____

Current Job Title: _____ Work Phone: _____

How many children are in your direct care at this time? _____

2. What age range of children do you care for? _____ to _____

3. What type of early childhood program are you currently working in?

- Family Child Care Home (up to 12 children)
- Group Family Child Care (12– 20 children)
- Child Care Center (more than 20 children)
- Head Start
- Other: _____

4. Is this program licensed or registered by the South Dakota Department of Social Services?

- Yes No

5. Number of CDA training hours you have completed: _____

6. Where did you complete these training hours ? _____

7. When do you expect to complete the 120 clock hours of required training? _____

8. My CDA Advisor's name: _____

Advisor's mailing address: _____

Advisor's phone number: _____

9. When do you plan to apply for the National CDA Assessment? _____

10. How many years have you worked professionally with young children? _____

11. Describe your professional history working with young children, including your current responsibilities.

12. How has your participation in CDA training benefited:

a. children you care for?

b. parents who utilize your services?

c. your program?

13. Additional information you would like the Scholarship Committee to consider when evaluating your application for a SDCDA Assessment Scholarship:

14. Are you participating in the South Dakota Apprenticeship Project?

Yes _____ No _____

If no, would like additional information about the South Dakota Apprenticeship Program?

I declare and affirm under penalty of perjury that, to the best of my knowledge, the information I have provided herein is true and correct. Scholarship funds attained under false pretenses are subject to immediate recoupment.

Applicant Signature

Date