



SCHOLARSHIP APPLICATION

- CDA **SCHOLARSHIPS**
- NAC
- INFANT & TODDLER DEVELOPMENT COURSE
- DEVELOPING YOUR CHILD CARE BUSINESS
- OTHER

SECTION 1: CANDIDATE IDENTIFICATION		DATE OF BIRTH / /	SOCIAL SECURITY NUMBER - -	
LAST NAME (AS IT APPEARS ON YOUR SOCIAL SECURITY CARD)	FIRST NAME	MIDDLE NAME		<input type="checkbox"/> NEW ADDRESS
STREET NUMBER		CITY	COUNTY	ZIP CODE
PRIMARY NUMBER	SECONDARY NUMBER	E-MAIL ADDRESS		

SECTION 2: PROGRAM IDENTIFICATION	<input type="checkbox"/> LICENSED CENTER	<input type="checkbox"/> LICENSED FAMILY HOME	<input type="checkbox"/> RESIDENTIAL CERTIFICATE
	<input type="checkbox"/> LICENSE EXEMPT	<input type="checkbox"/> HEAD START PROGRAM	<input type="checkbox"/> OTHER: _____
PROGRAM NAME (LEGAL NAME OF PROGRAM)		PROGRAM TELEPHONE NUMBER	
STREET NUMBER		CITY	COUNTY
			ZIP CODE
CANDIDATE POSITION	DATE OF HIRE / /	HOURS WORKED PER WEEK	HAVE YOU TAKEN 4 WEEKS OR MORE CONTINUOUS LEAVE TIME DURING THE PAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER OF CHILDREN ENROLLED IN PROGRAM	AGES OF CHILDREN YOU WORK DIRECTLY WITH	DOES THIS PROGRAM CLOSE FOR FOUR OR MORE CONTINUOUS WEEKS DURING THE YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION 3: EMPLOYMENT VERIFICATION	CANDIDATES WHO ARE NOT THE REGISTERED OWNER OF THE PROGRAM IDENTIFIED, MUST HAVE THEIR SUPERVISOR COMPLETE THIS SECTION!	
SUPERVISOR NAME	SUPERVISOR TITLE	CONTACT NUMBER
I HAVE REVIEWED THE CANDIDATE AND PROGRAM IDENTIFICATION LISTED BY MY EMPLOYEE ON THIS FORM AND CERTIFY THIS INFORMATION TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND I CAN AND WILL BE PENALIZED BY LAW IF I COMMIT PERJURY BY PURPOSELY CONFIRMING ANY FALSE INFORMATION ON THIS FORM. I ALSO UNDERSTAND I MAY LOSE MY OWN PRIVILEGE TO PARTICIPATE IN FUTURE CAREER LADDER AND DEPARTMENT OF WORKFORCE SERVICES GRANT PROGRAMS.		
_____ SUPERVISOR SIGNATURE		_____ DATE

SECTION 4: CANDIDATE CERTIFICATION
I, THE CANDIDATE, CERTIFY THAT THE INFORMATION I HAVE GIVEN ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND I CAN BE PENALIZED BY LAW IF I COMMIT PERJURY BY PURPOSELY PROVIDING FALSE INFORMATION ON THIS APPLICATION, AND MAY BE REQUIRED TO RETURN SCHOLARSHIP AWARDS RECEIVED BY PROVIDING FALSE INFORMATION AND/OR BE SUBJECT TO FINES. I ALSO UNDERSTAND I MAY LOSE MY PRIVILEGE TO PARTICIPATE IN FUTURE CAREER LADDER AND DEPARTMENT OF WORKFORCE SERVICE GRANT PROGRAMS.
_____ CANDIDATE SIGNATURE
_____ DATE

SECTION 5: CCPDI OFFICE USE ONLY			
	PROGRAM LICENSE VERIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	INITIAL LICENSE/HIRE DATE / /	
	REQUIRED DOCUMENTATION PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO	DOCUMENTATION VERIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	
	TRAINING VERIFICATION (IF REQUIRED) <input type="checkbox"/> CCR&R COURSES <input type="checkbox"/> CEU/COLLEGE <input type="checkbox"/> OTHER		
AWARDED SCHOLARSHIP(S)	CERTIFICATE NUMBER(S)	AWARD AMOUNT	
APPROVED BY	DATE / /	INDEX NUMBER	ACCOUNT NUMBER

CANDIDATE – PLEASE COMPLETE THE APPROPRIATE SECTION

SECTION 6: CDA SCHOLARSHIP APPLICATION

 FULL SCHOLARSHIP

 RENEWAL

 FAMILY CHILD CARE

 CENTER-BASED
INFANT/TODDLER

 CENTER-BASED
PRESCHOOL

INCOME ELIGIBILITY	ANNUAL INCOME SHOWN ON PREVIOUS YEAR'S FORM 1040:	NUMBER OF HOUSEHOLD MEMBERS:
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CDA ELIGIBILITY CHECKLIST. INITIAL WHEN COMPLETED

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|--|--|
| <input type="checkbox"/> READY TO SUBMIT CDA APPLICATION | <input type="checkbox"/> COMPLETED REQUIRED 120 HOURS OF TRAINING IN 8 CDA AREAS |
| <input type="checkbox"/> COMPLETED REQUIRED 480 HOURS OF WORKING WITH CHILDREN | <input type="checkbox"/> COMPLETED PROFESSIONAL RESOURCE FILE |
| <input type="checkbox"/> COMPLETED FORMAL OBSERVATION BY CDA ADVISOR | <input type="checkbox"/> COLLECTED REQUIRED 75% OF COMPLETED PARENT OPINION QUESTIONNAIRES |

DOCUMENTATION CHECKLIST. INITIAL TO VERIFY DOCUMENTATION INCLUDED WITH APPLICATION

- | | |
|--|---|
| <input type="checkbox"/> PHOTOCOPY (NOT ORIGINAL) OF YOUR COMPLETED AND SIGNED CDA APPLICATION | <input type="checkbox"/> COPY OF PREVIOUS YEAR'S 1040, 1040A, OR 1040EZ, PAGE ONE |
| <input type="checkbox"/> COMPLETED AND SIGNED CDA ADVISOR VERIFICATION FORM | |

SECTION 7: SALT LAKE COMMUNITY COLLEGE – CHILD CARE COURSE SCHOLARSHIP APPLICATION. SELECT ONE

- | | |
|---|--|
| <input type="checkbox"/> NATIONAL ADMINISTRATOR'S CREDENTIAL CERTIFICATION (NAC)* | <input type="checkbox"/> DEVELOPING YOUR CHILD CARE BUSINESS (ARRA FUNDED) |
| <input type="checkbox"/> INFANT & TODDLER DEVELOPMENT COURSE (ARRA FUNDED) | <input type="checkbox"/> OTHER: _____ |

* CANDIDATE MUST BE EMPLOYED AT LEAST HALF TIME IN A LICENSED CENTER OR FAMILY CHILD CARE PROGRAM (VERIFIED BY PROVIDED INFORMATION ABOVE).

SECTION 8: OTHER SCHOLARSHIP APPLICATION. CANDIDATE MUST PROVIDE DESCRIPTION OF TRAINING FROM INSTITUTION PROVIDING TRAINING

TRAINING TYPE	<input type="checkbox"/> COLLEGE COURSE	<input type="checkbox"/> CEU CREDIT COURSE	<input type="checkbox"/> CERTIFICATION/ENDORSEMENT	<input type="checkbox"/> OTHER: _____
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INSTITUTION PROVIDING TRAINING	TRAINING TITLE	FUNDS REQUESTED
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THINGS TO REMEMBER

- APPLICATION WILL NOT BE PROCESSED UNLESS ALL AREAS APPLYING TO THE AWARD ARE COMPLETED.
- APPLICATIONS MUST BE ORIGINAL DOCUMENT, CONTAINING THE ORIGINAL SIGNATURES OF CANDIDATE AND EMPLOYER.
- FAXED APPLICATIONS WILL NOT BE ACCEPTED.
- APPLICATIONS MUST BE COPIED TO 8½ x 11 WHITE PAPERS AND COMPLETED IN INK.
- A SOCIAL SECURITY NUMBER OR TAX IDENTIFICATION NUMBER MUST BE INCLUDED ON THE APPLICATION. THE NAME ON THE APPLICATION MUST BE THE LEGAL NAME PRINTED ON YOUR SSN OR TIN CARD. ALL CASH AWARDS AND CERTIFICATES WILL BE AWARDED TO YOUR REGISTERED LEGAL NAME.

EMPLOYMENT ELIGIBILITY CRITERIA

- CANDIDATES MUST BE CURRENTLY EMPLOYED, WORKING DIRECTLY WITH CHILDREN IN THE SAME POSITION FOR SIX (6) MONTHS:
 - AT LEAST 20 HOURS PER WEEK WITH CHILDREN AGES BIRTH TO PRESCHOOL AND/OR
 - AT LEAST 10 HOURS PER WEEK WITH CHILDREN KINDERGARTEN TO GRADE SIX.
- CANDIDATES WHO WORK IN PROGRAMS THAT CLOSE FOR MORE THAN FOUR (4) CONTINUOUS WEEKS DURING THE YEAR ARE ELIGIBLE ONLY AFTER THE CURRENT ATTENDANCE YEAR HAS BEEN IN SESSION SIX (6) MONTHS.

DOCUMENTATION REQUIREMENTS

- ALL CLASSES MUST HAVE BEEN COMPLETED IN THE PAST FIVE YEARS.

CAREER LADDER TRAINING CLASSES

FOR A SCHEDULE OF CURRENT TRAINING CLASSES, CALL YOUR LOCAL CHILD CARE RESOURCE AND REFERRAL (CCR&R) AGENCY, LISTED IN YOUR PROFESSIONAL PROGRAMS BOOKLET, OR VISIT THE UTAH TRAINING REGISTRY WEBSITE: <http://trainingregistry.jobs.utah.gov/>

QUESTIONS

IF YOU HAVE QUESTIONS ABOUT THE CAREER LADDER PROGRAM OR ABOUT YOUR CAREER LADDER APPLICATION, PLEASE CONTACT THE CHILD CARE PROFESSIONAL DEVELOPMENT INSTITUTE (CCPDI) AT (801) 957-4469, OR TOLL FREE AT 1-888-963-8558.

www.slcc.edu/ccpdi



MAIL APPLICATION TO:
CCPDI
9750 SOUTH 300 WEST #211
SANDY, UTAH 84070

