



# General Instructions for CDA Scholarship

Child Care Aware® of Kansas has competitive scholarships available to assist child care providers with Child Development Associate (CDA) National Application Fee.

## Application

Name:		Today's Date:	
Street Address:			
City:		State:	Zip:
Home Phone:		Work Phone:	
Email Address:		Social Security#/ Federal ID #:	
Facility Information:	<input type="checkbox"/> Family Child Care	<input type="checkbox"/> Child Care Center	
Facility Name:			
Street Address:			
City:		State:	Zip:
CDA Scholarship Type:	<input type="checkbox"/> CDA Assessment \$325	<input type="checkbox"/> Second Setting \$225	<input type="checkbox"/> CDA Renewal \$50
Type of CDA Assessment:	<input type="checkbox"/> Center-Based Infant/Toddler <input type="checkbox"/> Family Child Care	<input type="checkbox"/> Center-based Preschool <input type="checkbox"/> Home Visitor	
<b>CDA Questions:</b>			
Are you completely ready to submit your CDA application?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you completed the required 120 hours of training in the 8 CDA training areas?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you completed the required 480 hours of working with children?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you completed your Professional Resource File?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you collected the required 75% of completed Parent Opinion Questionnaires?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your Formal Observation by your CDA Advisor been completed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any other funding available to assist in paying for your CDA application fee? Please Specify: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a CDA Advisor? Name: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
What date will you be ready to send in your CDA application?			
Signature:		Date:	

**INCOMPLETE APPLICATIONS WILL BE DENIED**

**Return Complete Application to:**

**Child Care Aware® of Kansas, 1508 East Iron, Salina, Kansas, 67401;  
PH: 1-877-678-2548 FX: (785) 823-3385**