



*Child Care Career
Development
System*

**CDA Scholarship
Application Deadlines**

**February 1
May 1
August 1
November 1**

**Louisiana Pathways
scholarship deadlines are
based on the Council's
quarterly deadline for
application submission.**

To: Child Care Personnel
From: Louisiana Pathways Scholarship
Re: CDA Assessment Scholarships

Thank you for your interest in the CDA Assessment Scholarship. It is the intent of the Louisiana Pathways Child Care Career Development System Scholarship Program 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.

Assessment scholarships in the amount of \$300 for the original CDA and/or \$200 for a 2nd Setting CDA will be paid directly to the Council for Professional Recognition for early childhood personnel based upon the following criteria:

Enrollment along with active participation in the Louisiana Pathways Child Care Career Development System.

Completion of the CDA requirements as stated by the Council for Professional Recognition: www.cdacouncil.org.

Applicants who are within 30-60 days of mailing in their materials to the Council will be the top priority.

To complete the scholarship application process, return the enclosed **Scholarship Application Form** and **CDA Direct Assessment Checklist** (completed and signed by your advisor), and **attach a copy of the entire Direct Assessment Application** from your CDA packet. **For 2nd Setting Applicants only – submit a copy of your active CDA credential.** Submit your application to us 60 days before mailing your CDA assessment application to the Council.

We will notify you as soon as possible by mail after reviewing your application. Thank you for your commitment to high quality early child care and education in Louisiana. For additional assistance, please feel free to call (318) 677-3163 or (800) 245-8925.



*Child Care Career
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Return application to:
Louisiana Pathways
Child Care Career
Development System
Scholarship Program
1800 Warrington Place
Shreveport, LA 71101

(318) 677-3163
(800) 245-8925

Louisiana Pathways Child Care Career Development System

Child Development Associate (CDA) Assessment Scholarship Application

Please print all information

Name _____

Address _____

City/State/Zip _____ Parish _____

Phone (Daytime #) _____ (Evening #) _____

Last 4 digits of Social Security # ____ _ Date of Birth ____ _

Email Address (if available) _____

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

1) I am applying for CDA assessment in:

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

2) Employment Information:

Name of Program: _____

If a child care center, Class A or B (please circle)

Address: _____

City/State/Zip _____

Telephone: _____

What is your position title? _____

How long have you worked in the early childhood field? _____

3) Type of Program (check all that apply)

- | | |
|---|---|
| <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"/> Seeking Employment |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> Other child/family service agency
(specify) _____ |

4) All requirements have been met and I am ready to submit my assessment application to the Council for Early Childhood Professional Recognition on or before the Council’s March 1, June 1, September 1, or December 1 Deadline (please circle date).

5) Contact information for my CDA Advisor / Reviewer:

Name _____ **Daytime Phone** _____

Address _____

City

State

Zip

I hereby apply for a CDA Assessment Fee Scholarship. The information on this application is accurate to the best of my knowledge. I agree to participate in a written or verbal evaluation of my scholarship experience.

Applicant’s Signature

Date

Return completed Scholarship Application, CDA Direct Assessment Checklist, and copy of the Direct Assessment Application to:
(Faxed copies will not be accepted)

Louisiana Pathways Child Care Career Development System
Scholarship Program
1800 Warrington Place
Shreveport, LA 71101

If you need additional information call:
(318) 677-3163 or (800) 245-8925

CDA Direct Assessment Check List

(To be completed by the applicant's advisor)

____ Completed 120 clock hours of training with at least 10 hours or more in each of the CDA subject areas (or) 45 clock hours of training specific to the 2nd setting

- ◆ **Make copies of your certificates and divide them by CDA subject areas.**

____ Advisor's Observation

Date Completed: _____

- ◆ **Completed and placed in a sealed envelope by your advisor. Have available to give to the CDA Representative for your assessment visit.**

____ Parent Opinion Questionnaires (at least 75% returned completed. They are to be returned in sealed envelopes.)

Date Completed: _____

- ◆ **Place the questionnaires in a large envelope. On the outside of the envelope write the number of questionnaires distributed and the number collected. Have available to give to the CDA Representative for your assessment visit.**

____ Professional Resource File

____ Autobiography

____ Competency Goal Statements (1 – 6)

- ◆ **Make a copy of all of these and have them available to give to the CDA Representative during your assessment visit. Your CDA Representative will take the copies.**

____ 17 Resource Items in your Resource File. Your CDA Representative will evaluate these during the assessment visit but will not take them or your Resource File

____ Direct Assessment Application form – completed and sign

____ Ask your Advisor to read and sign the application in section 8 (9 for 2nd setting).

____ Ask your Director to read and sign the application in section 7 (8 for 2nd setting).

Advisor, Please Complete:

I (print name) _____, confirm that
_____ has met all requirements for submission of the CDA
Assessment.

Advisor's Signature _____ Date _____

Have this form signed by your advisor and submit it with your application for a CDA assessment scholarship. Be sure that you have met all requirements and are ready for assessment before submitting this form. If you have any questions about requirements, call (318) 677-3163 or (800) 245-8925.



Before you mail your application....

Have you completed the following?

_____ **Are you a member of Louisiana Pathways?** (Only Pathways members can apply for Pathways Scholarships.)

_____ **Front and back of the Scholarship Application**

_____ **In addition to the Scholarship Application, please submit a copy of the Direct Assessment Application and for 2nd Setting Applicants only – Submit a copy of your active CDA credential**

_____ **CDA Direct Assessment Check List (completed in full by qualified advisor)**

_____ **Observation by your advisor; Date completed _____**

* Remember there is a 6-month time limit from the time of your observation and the assessment visit from the Council Representative.

_____ **75% of your Parent Opinion Questionnaire;**

Date Completed _____

* Remember there is a 6-month time limit from the completion of the Parent Opinion Questionnaire and the assessment visit from the Council Representative.

Incomplete applications will not be considered.