



Awareness & Training
For quality childcare

General Instructions for Educational Development Scholarship - CDA

All applications for scholarships must be completed on the official application form and must be faxed, mailed or hand-delivered to:

Physical & Mailing Address:

Department of Workforce Services
WY Quality Counts
614 South Greeley Highway
Cheyenne, WY 82002

Applications may be faxed to 1-866-373-6061.

Applications will only be accepted if faxed, postmarked or hand delivered:

- No more than one hundred ten (110) days before the scheduled program start date or semester start date; and
- No less than forty-five (45) days before the scheduled program start date or semester start date.

A signed release is required to be attached to this application by the student which authorizing two-way communication between your college (when applicable), the Council for Professional Recognition and the Department of Workforce Services regarding your past and present student coursework, current status, transcripts, grades and any other attendance/performance-related information. One is attached to this application for your use.

Funding Limits. If the application is approved:

Child Development Associate (CDA) Scholarship Applicants shall be eligible for a scholarship award of up to a limit of two thousand dollars (\$2,000.00). The cost for an instructor shall not exceed three thousand dollars (\$3,000.00) per CDA program.

Assistance is also available by contacting the DWS Administrative Office in Cheyenne at (307) 777-2439 or E-mail to: wyqcc@wyo.gov

Please see our website at www.wyqualitycounts.org for WY Quality Counts! Educational Development Program rules, as well as detailed information and application procedures/rules for WY Quality Counts! Scholarships.

Section 1 - Participant Information

1. Legal Name — The official name used for tax reporting and contracts.
2. Job Title — Job title of the individual applying for the scholarship.
3. Street Address — Physical residence of the individual applying for the scholarship.

4. Mailing Address — Complete if different from Street Address.
5. City — City in which the individual applying for the scholarship lives.
6. State — State in which the individual applying for the scholarship lives.
7. Zip — Zip code of the address of the individual applying for the scholarship.
8. Telephone — Daytime telephone number, area code first.
9. E-Mail Address — if available, provide an e-mail address.
10. Social Security Number — Social Security number of the individual applying for the scholarship.
11. Current Pay Rate — Earned **hourly** wages, before deductions, as of the date of the application.
12. Fringe Benefits — Check boxes for those benefits which the individual applying for the scholarship is currently receiving.
13. Indicate whether currently working fifteen (15) hours or more in a child care facility.
14. Time at Current Child Care Business — Number of months with the current child care business.
15. Highest Educational Level Achieved — Mark the box indicating the educational level.

Section 2 - Child Care Business Information

16. Indicate “yes” or “no”.
17. If you answered yes to question 16, state who you will be receiving funding from as well as the amount of funding.
18. Child Care Employer Business Name— If available, official name of the child care business with which the individual applying for the scholarship is currently employed. Please use the official name used for tax reporting and contracts.
19. Supervisor — Name of supervisor.
20. Telephone — Telephone number of the child care business.
21. E-Mail Address — E-mail address of the Supervisor.
22. Street Address — Physical location of the child care business where individual applying for the scholarship works.
23. Mailing Address — If different from the street address.
24. City — City in which the child care business is located.
25. State — State in which the child care business is located.
26. Zip — Zip code of the address where the child care business is located.

Section 3 - Coursework / Program Information

27. Program Start Date — Start date of program.
28. Program End Date — Projected date for completion of CDA certification.
29. Educational Institution — Indicate the educational institution which will be providing the coursework.
30. STARS Information — Statewide Training and Resource System number issued by Align.
31. Coursework Type — Indicate which type of program for which the coursework applies.

Section 4 – CDA Program Plan

CDA Program

32. CDA Coursework Plan:
- a. Coursework Start date — Start date of training/coursework.
 - b. Coursework End date — The last day of training/coursework.
 - c. Contractor Information — You will need to find a STARS approved program to assist you in obtaining the CDA. Please contact STARS at 800-400-3999 for STARS approved CDA programs. You must have a STARS approved CDA program listed in order for your application to be approved. Once your application is approved, DWS uses the budget that your listed/approved CDA Contractor submitted when determining funding for your CDA program.
 - d. Type — Indicate if this is the initial, renewal or second-setting CDA.
 - e. Setting – Indicate which setting: Infant/Toddler, Preschool or Family Child Care

Checklist

Please check all boxes to ensure that the application is complete. Please note that incomplete applications will be denied.

Signatures

The application must be signed by an authorized representative of the requesting child care provider. Also authorized representative of the requesting child care provider must enter current slot and enrollment counts. This information is to understand the number of children that are being impacted by the educational development program only.

The completed application, with any supporting documentation or letters, must be faxed, mailed or hand-delivered to the address on the application form. E-mailed copies will not be accepted. Please only fax or send in your application, **keeping instructions for future reference.**

Thank you for your application!



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Application for Educational Development Scholarship - CDA

Section 1 – Participant Information

¹ Legal Name:		² Job Title:	
³ Street Address:			
⁴ Mailing Address:			
⁵ City:		⁶ State:	⁷ Zip:
⁸ Telephone:		⁹ Email Address:	
¹⁰ Social Security Number:		¹¹ Current Pay Rate: \$ per hour	
¹² Fringe Benefits: <input type="checkbox"/> Health/Dental/Vision Insurance <input type="checkbox"/> Sick/Personal Time <input type="checkbox"/> Paid Holidays <input type="checkbox"/> Vacation <input type="checkbox"/> Retirement Plan/401(k) <input type="checkbox"/> Life Insurance <input type="checkbox"/> None at this time			
¹³ Are you currently working at least 15 hours per week in a child care business? <input type="checkbox"/> Yes <input type="checkbox"/> No		¹⁴ Time at Current Child Care Business (In months):	
¹⁵ Highest Educational Level Achieved: <input type="checkbox"/> High School/GED <input type="checkbox"/> Associates Degree <input type="checkbox"/> CDA <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Graduate Degree			
¹⁶ Have you or will you receive funding for this program from another source? <input type="checkbox"/> Yes <input type="checkbox"/> No		¹⁷ If yes, please explain:	

Section 2 – Child Care Business Information

¹⁸ Child Care Business Name:			
¹⁹ Supervisor:		²⁰ Telephone:	
²¹ E-Mail Address:		²² Street Address:	
²³ Mailing Address:			
²⁴ City:		²⁵ State:	²⁶ Zip:

Section 3 – Coursework / Program Information

²⁷ Program Start Date:		²⁸ Program Completion Date:	
²⁹ Educational Institution: <input type="checkbox"/> Laramie County Community College <input type="checkbox"/> Central Wyoming College <input type="checkbox"/> Sheridan College <input type="checkbox"/> Other Accredited Institution: ____ <input type="checkbox"/> CDA Program Contractor: ____			

Office Use ONLY

Date Postmark:

Date Received:

Application/Contract No.:

Date Approved:

³⁰STARS Information:

Enter your STARS ID Number and your initials here only if you wish us to share this information with Align. Please understand it is your responsibility to ensure that coursework is eligible for STARS credit.

STARS Number: _____

Initials: _____

³¹ Coursework Type (choose ONLY one):

Child Development Associate (CDA):

Wyoming Community College-Based

Community-Based

Independent Coursework

Section 4 – CDA Program Plan

CDA Program

³²CDA Coursework Plan

^aCoursework Start Date:

^bCoursework End Date:

^cContractor Information:

The name of the DWS approved CDA Contractor you will use for your entire program is:

^dType:

Initial CDA

Renewal CDA

Second-setting CDA

^eSetting:

Preschool

Infant/Toddler

Family Child Care

APPLICATION CHECKLIST

Please ensure that you have completed each of the following. *If you are unable to check “yes” to all of the items for the program scholarship which you are applying, your application will be denied.

Educational Development Scholarship - CDA

This application for a WY Quality Counts! Educational Development Scholarship is being submitted no less than 45 days and no more than 110 days prior to beginning of the CDA program.

Yes No

A signed release has been attached to this application authorizing two-way communication between your college and the Department of Workforce Services regarding your past and present student coursework, current status, transcripts, grades and any other attendance/performance-related information.

Yes No

**It is the student's responsibility to ensure both the training entity and DWS receive a copy of the release.

This application has been filled out completely prior to submitting to DWS.

Yes No

I have listed a DWS-approved CDA Contractor.

Yes No

If you do not receive a response within two (2) weeks after submitting your application, please call to verify it was received.

307-777-2439 or 307-777-2480

Section 5 – Approvals and Signatures

Applicant Signature

I certify that the information in this application is true and accurate to the best of my knowledge. I also certify that I am 18 years of age or older. I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing false public records, and may result in forfeiture of any scholarship award approved through this program. I further understand that once I submit this application to DWS, I:

- may not add any coursework/books/fees to my educational plan once I submit my application to DWS.
- must report any employment status changes to DWS in a timely manner after occurrence.

Applicant Signature

Date

Printed Name

Child Care Provider Owner/Director Signature

I certify that the information contained in this application is true and accurate to the best of my knowledge. The above applicant is employed for a minimum of 15 hours per week and I approve of their educational plan. The current Wyoming Department of Family Services approved capacity in my program is _____, and my current enrollment count is_____.

Child Care Provider Owner /Director Signature

Date

Printed Name

Advisor Signature

I certify that the above applicant has been accepted into the program and is currently enrolled in the Educational Development Plan above. The coursework outlined in the education plan is required to obtain the specified CDA certificate listed and described in sections 3 and 4.

Printed **Advisor** Name and Signature

Date

Telephone

Academic Release Form

(Please send a copy to WY Quality Counts! as well as to the college you are attending)

I, _____, having the Social Security/Student
Number of _____ authorize the Council for Professional Recognition,
(College if applicable), and my CDA Contractor (_____) to release or discuss any of my past or
present academic progress, grades, attendance, observations, resource file or transcript. I
authorize release of financial information pertaining to my CDA enrollment. I authorize this entire
release of information to the WY Quality Counts! program staff at the Wyoming Department of
Workforce Services (DWS) and the above listed entities only. I understand that DWS and the
above listed entities value my privacy and will not distribute this information to any other party
without my written permission. I authorize the above listed entities to communicate with
DWS (two-way) regarding all items listed on this form.

Name (Printed)

Date _____

Signature