



**SCHOLARSHIP APPLICATION
For CDA Non-Credit Courses**

Name: _____ SS #: _____ Telephone #: _____
Address: _____ City/State/Zip: _____
Email address: _____

I am applying for a scholarship for: CDA non-credit course

Which certification are you pursuing? Infant/Toddler _____ Pre-K _____ Home Based _____

Have you ever taken this class before? Yes No

If yes, did Workforce Solutions provide a scholarship for you to take this class? Yes No

Have you ever received a scholarship from Workforce Solutions for CDA or College Credit Courses? Yes No

Describe how the content of this class will directly impact your ability to provide quality child care: _____

**EMPLOYMENT INFORMATION
(TO BE COMPLETED BY EMPLOYER)**

Center/Agency: _____ Director/Owner: _____
Address: _____ City/State/Zip: _____
Phone Number: _____ Fax Number: _____
Web Site Address: _____ Email Address: _____

Position held by applicant within the organization: _____

Length of time in current position: _____ Total length of time employed by organization: _____

Does your facility contract with CCS to offer subsidized child care services? Yes No

Please indicate all programs with which your organization holds current certifications:

____ Texas Rising Star Program ____ NAEYC Accreditation
____ Texas School Ready! Program ____ National Early Childhood Program Accreditation
____ National Accreditation Commission for Early Child Care and Education Program
____ Association of Christian Schools International ____ National Association of Family Child Care
____ Commission on Accreditation - National AfterSchool Association ____ Regulated by the US Military
____ Other (please specify): _____



TERMS AND CONDITIONS

In order to qualify for a scholarship, the Director and Applicant must meet/agree to the following terms and conditions:

1. The class for which the Applicant is enrolled must have a direct relation to providing child care or child care administration.
2. Applicant's employer must be a CCS-contracted provider as of the start date of the class for which the Applicant is being awarded a scholarship.
3. Applicant and Director attest that Applicant is employed full time (30 hours or more per week) as of the start date of the class for which the Applicant is being awarded a scholarship.
4. Applicant and Director attest that the Applicant lives and/or works in one of the following 19 counties: Brown, Callahan, Coleman, Comanche, Eastland, Fisher, Haskell, Jones, Kent, Knox, Mitchell, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor or Throckmorton.
5. Applicant and Director agree that failure to enroll in the class for which a scholarship has been awarded or dropping/not completing/failing the course will affect consideration for future scholarship awards.
6. **Applicant and Director understand that scholarship funding is limited.** Priority for funding will be as follows: 1) Applicants employed by a CCS Texas Rising Star certified provider; 2) Applicants employed by a CCS provider who has formally applied to participate in the Texas Rising Star program; 3) Applicants employed by CCS providers not currently participating in any of the aforementioned programs. If necessary, priority for scholarship awards will be on a first come, first served basis in the order described above.
7. Director acknowledges that the Applicant's success in completing the course for which they have been awarded this scholarship is dependent upon the Director's support throughout the course, which may include but not be limited to allowing the Applicant to test ideas or theories that may be new to me but are theoretically sound.
8. Scholarship recipient must attain a certificate of completion for CDA courses in order to be considered for future scholarship opportunities, including scholarships for CDA certification.
9. Scholarship awards are based on available funding. Maximum scholarship awards are as follows:
 - CDA Courses: Workforce Solutions will pay the full cost of course tuition, fees and books.
10. The training entity serves as final authority (on behalf of Workforce Solutions) over the awarding of scholarships.

I, _____ (Director) and I, _____ (Applicant) have read and agree to the terms and conditions stated in this application. We also understand that this application is not transferable to another person, including other caregivers on staff at our center.

Applicant Signature _____

Date _____

Director/Supervisor Signature _____

Date _____

Complete, sign and submit application according to the school's submission requirements. Funding for scholarships is administered by Cisco College on behalf of Workforce Solutions of West Central Texas with funds provided by the Texas Workforce Commission. Please contact Mindy Ross with any questions that you have about the scholarship: mindy.ross@workforcesystem.org, 325-795-4309.