



CDA SCHOLARSHIP & REIMBURSEMENT

Available to all early childhood educators working a minimum of 20-hours per week in a licensed childcare center or registered family childcare home in Montgomery County. Our fund will provide financial support to cover the expenses of obtaining a Child Development Associate and assessment fees.

- The maximum scholarship award for the CDA Prep Course offered through Maryland Family Network is \$299.
- The maximum reimbursement award for a recognized CDA Prep Course is \$300.
- The maximum reimbursement award for the assessment fee is \$425 (online direct scholarship available).
- The maximum reimbursement award for the renewal assessment fee is \$125 (online).

Completed applications are processed first come, first served, while funding is available. *Please note, this is a fillable application, however you must print, sign and scan back with original signature, e-signatures will not be accepted).*

Complete application in its entirety and return to:



MCCCRRC-Quality Enhancement Coordinator
1401 Rockville Pike, Suite 200, Rockville, MD 20852



EarlyChildhoodServices@MontgomeryCountyMD.gov

APPLICANT INFORMATION

Name: _____ Date: _____

Address: _____

Phone: _____ ☐ cell ☐ home ☐ work

Email: _____ Primary Language: _____

Gender: ☐ Female ☐ Male ☐ Unspecified, Other ☐ Prefer not to answer

Race: ☐ White ☐ Black/African American ☐ Asian
☐ American Indian or Alaskan Native ☐ Native Hawaiian or Pacific Islander ☐ 2 or more

Ethnicity: Are you of Hispanic or Latino Origin? ☐ Yes ☐ No

In order to access these funds, applicant must submit a current, valid copy of the following:

You currently hold a valid MD Child Care Credential ☐ Yes Level: _____

SCHOLARSHIP INFORMATION

-only complete if requesting the online CDA Prep Course-

The online course is offered through Maryland Family Network and recognized by the CDA Council. Candidate must commit to 3 group sessions with HHS Staff (dates to be provided) as part of the scholarship. Candidate commits to completing the course within 1 year. Course is offered in English and Spanish. Once accepted, MCCCRRC will process registration and payment on behalf of the early childhood educator.

Requesting: ☐ Online CDA Prep Course offered through Maryland Family Network (\$299)

Area: ☐ Center Based-Infant/Toddler ☐ Center Based- Preschool ☐ Home Based-Family Child Care

REMIBURSEMENT INFORMATION

Requesting for*: ☐ CDA Prep Class (\$300) ☐ Assessment Fee (\$425-online) ☐ Renewal Fee (\$125-online)

**Check all that apply. Only reimbursement funds spent in the past 12 months from application date will be accepted.*

Area: ☐ Center Based-Infant/Toddler ☐ Center Based- Preschool ☐ Home Based-Family Child Care

Class completion date: _____ Attached class certificate **and** proof of payment

CDA Award date: _____ Attached CDA Award **and** proof of payment

Renewal Date: _____ Attach CDA Award **and** proof of payment

PROGRAM & EMPLOYMENT VERIFICATION

Center Name: _____ License # _____

Family Child Care Name: _____ Registration # _____

Address: _____

Director/Family Child Care Name: _____

Program Phone: _____ Program Email: _____

Position held by applicant: _____ Age Group: _____

Hire Date: _____ Total # work hours per week: _____

Does the program accept childcare subsidy as a form of payment (CCS, WPA, Military)? ☐ Yes ☐ No

If yes, how many children are you currently serving with subsidy? _____

Does your program accept children with diagnosed special needs (IEP/IFSP)? ☐ Yes ☐ No

If yes, how many children are you currently serving that are receiving IFSP/IEP services? _____

I hereby affirm that the applicant is currently working a minimum of 20-hours per week at the above-mentioned site. I understand that the award status is based on the candidate meeting eligibility requirements and availability of funds. I understand that the award can be denied or revoked in the case of default by candidate.

Director/Owner Signature: _____ Date: _____

STATEMENT OF COMMITMENT

-To be completed by applicant-

I affirm that all the information on this application is true and accurate. I understand that any false statements on this application will result in application rejection. I certify that I am employed in licensed/registered childcare program a minimum of 20-hours per week. By accepting this award, I understand that I am making a commitment to continue working in childcare in Montgomery County for at least **one year** from the date of reimbursement. If this commitment is not fulfilled, I will be subject to repayment of the reimbursement award. I also understand that I will be excluded from accessing future reimbursement funds by failing to maintain my CDA Credential for a minimum of 1 cycle. As a condition of program participation, I commit to serve as a mentor for others. I also commit to continuing my participation in the Maryland Child Care Credential and renewing my credential for one year after reimbursement.

Applicant Signature: _____ Date: _____
Electronic signature accepted

The following must accompany this application:

- ☐ Copy of your valid MD Child Care Credential
- ☐ Copy of your program's current license/registration
- ☐ Copy of your CDA coursework* (*if applicable*)
- ☐ Copy of your CDA Credential* (*if applicable*)
- ☐ Receipt of payment(s)*

** must be from the past 12 months from date of application*

****Office Use****

Date Received: _____ ☐ Email ☐ Fax ☐ Mail

Evidence Reviewed: ☐ Work/Program Status ☐ Credentialing ☐ Receipts

Approved: ☐ Yes Award: _____
☐ No Reason: _____

Educator notified: _____ Date: _____ ☐ Email ☐ Mail