

CDA Application Scholarship Application

This is an application for a scholarship which pays for the CDA Application fee once CDA courses and portfolio have been completed.

Please email completed application to:

aboyd@dfwjobs.com

Program Name: _____ Participant Name: _____

Program Email: _____ Participant Phone Number: _____

Program County: _____ Participant Email: _____

Program Address: _____ Candidate ID Number: _____

Program License Number: _____

Select credential type:

- ☐ Center-Based Infant-Toddler
- ☐ Center-Based Preschool
- ☐ Family Child Care
- ☐ Birth to Five

I will take the CDA Exam in the following language:

- ☐ English
- ☐ Spanish

I _____ authorize Curantis to make a one-time, non-refundable, non-transferable payment for my Child Development Associate application. My signature below communicates that I:

1. Understand that I must complete my CDA courses, portfolio, and be eligible to apply for the next steps of my CDA to receive this funding.
2. Understand that I am only eligible to receive this scholarship once.
3. Understand that I must currently be working for a Workforce Solution for North Central area early learning program with a child care scholarship agreement to qualify.
4. I must complete my observation within 6 months of receiving the application scholarship.
5. This funding is eligible to be recouped if necessary.

Participant Signature: _____ Date: _____