



### CDA Scholarship Application

Please refer to the criteria found on the vaaeyc website to ensure that you are eligible. Please print to ensure accurate processing.

#### CANDIDATE INFORMATION

Name of Candidate:	
Home Address:	
City, State, Zip:	
Home Phone:	Email:
vaaeyc Chapter:	
SECA/NAEYC Membership Number:	

#### PROGRAM INFORMATION

Name of the program where the candidate is employed:
Name of program director:
Program Address:
City, State, Zip:

#### APPLICATION INFORMATION

Total of funds requested: <i>(1/2 to be paid by the candidate.)</i>	
Form of payment verification: <i>(Attach copy of cancelled check or credit card receipt.)</i>	
Date fee was paid:	
Check one:	<input type="checkbox"/> Direct Assessment Credentialing Fee <input type="checkbox"/> Renewal Fee
Check all applicable:	<input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> Family Child Care Provider <input type="checkbox"/> Bilingual
Signature of applicant and date submitted:	

Mail Completed Application to:

CDA Scholarship c/o vaaeyc  
 PO BOX 8339, Charlottesville, VA 22906  
 pd@vaaeyc.org

OR email to:

#### For VAECE Use Only:

Membership Verified:	Approved By:	Date Approved:
CDA Certificate:	Proof of Payment:	Total Approved:
Date sent to Treasurer:	Date Paid:	