

Complete this application; save to your computer; email to <u>lmelso@dcc.edu</u> This application must be typed and electronically submitted

CDA Ancillary Certificate Program

This CDA course is open to early childhood educators who are eligible for a Pathways scholarship for a CDA. That includes teachers at Type III centers who have fewer than 80 clock hours of training in early childhood education and have not previously received a scholarship for a CDA. Email a signed letter of recommendation from your director to <u>lmelso@dcc.edu</u> Your application is not complete until we have the letter of recommendation on file.

Applicant Information						
Full Name:	Last	First			M.I.	Date:
. 11						
Address:	Street Address					Apartment/Unit #
	City				State	ZIP Code
Phone:			Email			
Last 4 digits of Social Security number: - early childcare:				Ages of children currently teaching:		
Current Cent Employment						
Address:	Nam					License Number
Are you enro	Street Address	City	State		Zip code	
				# Clocl	k hours registered	with Pathways
High Calead			Education			
High School: From:	To:	Au Did you gra	ddress: YES iduate? □	NO	Date:	
~ "			ddress:			
From:	То:	Did you gra	YES aduate? □	NO	Early Childhood hours completed:	

GED:		Address:				
From:	To:	Did you graduate?	YES	NO	Degree:	
		Optiona	l Demo	graphics		
Primary Language					A	
Race /Ethnicity:					Age: Phone:	
		Previous En	nploym	ent		
Company: Address:					Phone:Supervisor:	
Job Title:		Starting Sta	alary: \$		Ending Salary:\$	
Responsibilities:						
From:	To:		Reaso	on for Leavi	ng:	
May we contact y	our previous supervisor f	or a reference?	YES	NO □		
Company: Address:					Phone:Supervisor:	
Job Title:		Starting Salary: \$			Ending Salary: <u>\$</u>	
Responsibilities:						
From:	To:		Reaso	on for Leavi	ing:	
	our previous supervisor f		YES	NO		
Company:					Phone:	
Address:					Supervisor:	
Job Title:	Starting Salary:			Ending Salary:		
Responsibilities:						
From:	To:		Reaso	on for Leavi	ing:	

May we contact your previous supervisor for a reference?	YES	NO		
	Reflective Statement			

Please type a reflective statement on why you chose to become an early childhood teacher: (250 words maximum)

Disclaimer and Signature

By submitting this application, I certify that my answers are true and complete to the best of my knowledge.

If this application leads to acceptance in the program, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date:

Thank you for your interest in the Delgado Community College CDA Ancillary Certificate Program. Your information will be submitted to Pathways to determine if you qualify for a scholarship. Then we will contact you with the next steps in your learning journey.

Which CDA Credential setting are you seeking? (check only one) Infant-Toddler (birth-36 months) Preschool (3-5-year-olds)

Are you enrolled in Louisiana Pathways? __ Yes, and my current level is____

No, but I understand that I MUST enroll in Pathways in order to start this course. Louisiana Pathways is the career development ladder for early childhood educators in Louisiana. You MUST enroll in Pathways in order to be eligible to apply for this program. Visit <u>https://pathways.nsula.edu/career-development</u> to learn how to enroll.

If you haven't already enrolled in Louisiana Pathways, sign up immediately. Your application cannot be considered until you have enrolled in Pathways.

Education

High School	Dates Attended
College	_Dates Attended
College	Dates Attended

How many clock hours have you earned toward your CDA?_____