



CDA SCHOLARSHIPS

PROFESSIONAL DEVELOPMENT PROGRAM
IN EARLY CARE AND EDUCATION



- CDA Training and Books
- CDA Exam Fee
- CDA Renewal

Bright from the Start: Georgia Department of Early Care and Learning is proud to support and encourage Georgia's early care and education professionals through the DECAL Scholars programs. These innovative programs help create a high quality, stable early care and education workforce that benefits families, contributes to the state's economy, and helps prepare Georgia's young children for success in school.



CDA SCHOLARSHIPS Application

SCHOLARSHIPS is Georgia's statewide educational assistance program for early care and education professionals pursuing credentials or degrees in early childhood education.

- **CDA TRAINING and CDA COMPETENCY BOOK SCHOLARSHIPS** assists approved applicants with a maximum of \$740 towards a DECAL State Approved CDA Training and a reimbursement of \$35 towards a CDA Competency Book and Shipping costs.
- **CDA EXAM FEE SCHOLARSHIPS** assists approved applicants with the \$425 CDA Council Exam fee.
- **CDA RENEWAL SCHOLARSHIPS** assists approved applicants with a maximum of \$150 towards the CDA Council Renewal Exam Fee.
- **CDA TEST RETAKE SCHOLARSHIPS** assists approved applicants who did not pass their initial CDA Exam with one additional retake.

SCHOLARSHIPS ELIGIBILITY

- ✓ You must be a United States citizen, legal permanent resident, qualified alien or non-immigrant.
- ✓ You must be a teacher, assistant teacher, owner, director, or assistant director employed and paid by one of the following:
 - ✦ A child care learning center licensed by DECAL or the Department of Defense
 - ✦ An exempt Georgia Head Start center
 - ✦ A Georgia Pre-K teacher assistant teacher in a public school
 - ✦ A DECAL licensed family child care learning home
 - ✦ A DECAL licensed before/after school program
- ✓ You must work a minimum of 15 hours per week in your primary role. Volunteer work does not qualify.
- ✓ You must be employed with your current employer in an eligible position for 30 days.
- ✓ You must have a Georgia Development System (GaPDS) Profile listing the name of your current employer and a "Pending" or "Active" status.



The Wage Requirements have been temporarily waived.

PROGRAM SPECIFIC ELIGIBILITY

CDA TRAINING and CDA COMPETENCY BOOK SCHOLARSHIPS

- You must be enrolled in a DECAL approved 120 clock-hour CDA course.

CDA EXAM FEE SCHOLARSHIPS

- You must have completed a DECAL approved 120 clock-hour CDA course.

CDA RENEWAL SCHOLARSHIPS

- You must renew your CDA credential before it expires. Make sure to prepare in advance and be ready to submit a complete application with supporting documents when your renewal window opens. You may submit your CDA renewal application up to 6 months before your credential expires. You can only renew in the setting of your original credential and all renewal requirements must be met in that setting, even if you no longer work in that setting.

Rev 1/2023

All rules and eligibility requirements are subject to change without notification. Applications are updated when program revisions occur. Visit www.DECALscholars.com to download the most recent application or to apply online.

Sign and date the application:**STATEMENT OF AFFIRMATION: Read carefully before signing and dating. Unsigned applications will not be processed.**

I _____ (Applicant's Name), attest that all of the information appearing on this application and in supporting documentation is true to the best of my knowledge. I understand that any false or incomplete information knowingly provided on this application or in supporting documents may be grounds to be denied participation in this program and may prevent me from future participation in any DECAL Scholars programs. I understand that intentionally providing false information on this application or in supporting documents is a violation of state law and may result in civil or criminal proceedings. I authorize any agent or employee of Bright from the Start: Georgia Department of Early Care and Learning to verify this information and release it to any necessary party for my consideration in this program. I also understand and agree that my personal information may be shared with the Georgia Professional Development System.

Applicant's Signature

Date

Submit your application with your supporting documents to:**DECAL Scholars Programs**

Fax: 678-822-5272

Email: support@DECALscholars.com

(mailed applications are not accepted)



DECAL Scholars programs are managed by Care Solutions, Inc.



Substitute Stipends available! See page 9 for details and application!



POWER-ED Workforce
Supplements!
Applications available soon!

Rev 1/2023

All rules and eligibility requirements are subject to change without notification. Applications are updated when program revisions occur. Visit www.DECALscholars.com to download the most recent application or to apply online.

Personal Information (Please print):

Name: _____ County of Residence: _____
First-middle initial-last (as it appears on your social security card)
 Home Address: _____ Apartment Number: _____
Street or post office box (Enter only one)
 City: _____ State: _____ Zip: _____
 Home Phone: () _____ Cell Phone: () _____ Date of Birth: _____
 Social Security Number: _____ / _____ / _____ E-mail: _____ / _____ / _____

OFFICE USE ONLY	Gender:	Race:	Ethnicity: (any race)
	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non Binary <input type="checkbox"/> I prefer not to answer <input type="checkbox"/> Other: _____	<input type="checkbox"/> White <input type="checkbox"/> Black / African-American <input type="checkbox"/> Asian <input type="checkbox"/> Native American / Alaskan Native <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Bi- / Multi-Racial <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Not Hispanic / Latino

Employment Information (Employer must complete, sign, and date):

Name of Facility: _____
Enter name as it appears on DECAL license/registration
 Work Address: _____
Enter address as it appears on DECAL license/registration
 City: _____ State: _____ Zip: _____
 License/Registration Number: _____ County: _____
 Phone: () _____

Facility type (check one): <input type="checkbox"/> Child Care Learning Center <input type="checkbox"/> Family Child Care Learning Home <input type="checkbox"/> Afterschool program	Home or center is licensed by (check one): <input type="checkbox"/> Department of Early Care and Learning (DECAL) <input type="checkbox"/> Department of Defense (DOD)	OR	<input type="checkbox"/> Georgia Pre-K in a Public School <input type="checkbox"/> Exempt Georgia Head Start Center
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Family Child Care Learning Home Owners Only

Date you opened your family child care home: _____ / _____ / _____

Number of hours your family child care home operates each week: _____

Number of children currently enrolled in your family child care home: _____

Ages of children currently enrolled (circle all that apply):
 Birth - 1 1 2 3 4 5

Your Net Income from previous year's IRS Schedule C tax form: \$ _____

Child and Adult Care Food Program (CACFP)?
 Yes No

Serve GACAPS subsidized children?
 Yes No

Applicant's Employment Information

Applicant's Job Title (mark all that apply):
 Asst. Teacher Asst. Director Owner
 Teacher Director

Is the applicant a Georgia lottery-funded Pre-K teacher? Yes No

Is the applicant a Head Start or Early Head Start teacher? Yes No

Number of hours applicant works each week: _____

Number of months per year applicant works (circle one): 9 10 12

Number of months per year applicant is paid (circle one): 9 10 12

Applicant's current hourly wage: \$ _____

Applicant is paid: Weekly Bi-Weekly Bi-Monthly Monthly (circle one)

Applicant's date of hire: _____ / _____ / _____ (use original hire date if employment has been continuous with present employer, but at different locations)

If applicant is in the classroom, # of children in applicant's classroom: _____

If applicant is in the classroom, ages of children in class (check all that apply):
 Birth-1 1-2 2-3 3-4 4-5 5-12

As Owner, Director, Principal, or Human Resources Manager, I verify that the above employment information for this applicant is true and accurate. I understand and agree that receipt of SCHOLARSHIPS monies by the applicant will not affect any salary adjustments the applicant may be eligible to receive through our program.

Name (print): _____ Title (print): _____
 Signature: _____ Date: _____

Attach the following documents to your application:

CDA Training and CDA Competency Books:

I wish to apply for the CDA Training and Book Fee.

Name of DECAL state-approved 120 clock-hour CDA training instructor: _____

An invoice from your trainer outlining the cost of the training, name of applicant, and who is to be paid (applicant, business, trainer). Also, please have the trainer sign and date the invoice (if possible).

A copy of two recent pay stubs reflecting the name of your employer, your name, and your gross (before deductions) wages. Family child care learning home providers and owners who do not pay themselves W-2 wages submit a copy of last year's Schedule C or other federal tax form documenting net business income.

A copy of your Georgia Professional Development System profile reflecting your GaPDS number, the name of your current employer, and a "Pending" or "Active" status (See page seven for information.)

A copy of the FRONT and BACK of a secure and verifiable document (see page six for information)

A copy of your CDA Competency Book Receipt (\$35 CDA Council Book Reimbursement Only, must be submitted within 30 days of purchase)

CDA Exam Fee:

I wish to apply for the CDA Exam Fee only.

Name of DECAL state-approved 120 clock-hour CDA training instructor: _____

A copy of two recent pay stubs reflecting the name of your employer, your name, and your gross (before deductions) wages. Family child care learning home providers and owners who do not pay themselves W-2 wages submit a copy of last year's Schedule C or other federal tax form documenting net business income.

A copy of your certificate documenting 120 clock hour training (or academic transcript)

A copy of your CDA credential application **Details** page reflecting your credential type and your **Profile** page reflecting your customer ID number.

A copy of your Georgia Professional Development System profile reflecting your GaPDS number, the name of your current employer, and a "Pending" or "Active" status (See page seven for information.)

A copy of the **FRONT** and **BACK** of a secure and verifiable document (see page six for information)

CDA Renewal:

I wish to apply for the CDA Renewal Fee. CDA Credential expiration date: _____

A copy of two recent pay stubs reflecting the name of your employer, your name, and your gross (before deductions) wages. Family child care learning home providers and owners who do not pay themselves W-2 wages submit a copy of last year's Schedule C or other federal tax form documenting net business income.

A copy of your 45 clock hour CDA Renewal Training Certificate

A copy of your Non-Expired CDA Credential (CDA Credential must be within 6 months of expiration date and not expired)

A copy of your CDA credential application **Details** page reflecting your credential type and your **Profile** page reflecting your customer ID number.

A copy of your Georgia Professional Development System profile reflecting your GaPDS number, the name of your current employer, and a "Pending" or "Active" status (See page seven for information.)

A copy of the **FRONT** and **BACK** of a secure and verifiable document (see page six for information)

CDA Test Retake:

I wish to apply for the CDA Exam Retake.

Name of DECAL state-approved 120 clock-hour CDA training instructor: _____

A copy of two recent pay stubs reflecting the name of your employer, your name, and your gross (before deductions) wages. Family child care learning home providers and owners who do not pay themselves W-2 wages submit a copy of last year's Schedule C or other federal tax form documenting net business income.

A copy of your certificate documenting 45 clock hour training (or academic transcript)

A copy of your CDA credential application **Details** page reflecting your credential type and your **Profile** page reflecting your customer ID number.

A copy of your Georgia Professional Development System profile reflecting your GaPDS number, the name of your current employer, and a "Pending" or "Active" status (See page seven for information.)

A copy of the **FRONT** and **BACK** of a secure and verifiable document (see page six for information).

A copy of your exam results.

**Affidavit For Lawful Presence Verification
For
Bright from the Start: Georgia Department of Early Care and Learning
SCHOLARSHIPS**

By executing this affidavit under oath, as an applicant for a SCHOLARSHIPS payment or for other public benefit as referenced in O.C.G.A. §50-36-1(a)(3)(A), I hereby swear and affirm that the following is true and correct with respect to my application for a SCHOLARSHIPS payment from Bright from the Start: Georgia Department of Early Care and Learning.

Name of Person Receiving Benefit: _____

Check only ONE of the following:

- 1) _____ I am a United States citizen 18 years of age or older.
- 2) _____ I am a legal permanent resident of the United States, 18 years of age or older.
(You must submit a copy of the FRONT and BACK of your Legal Permanent Resident card).
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older, with an alien registration number issued by the Department of Homeland Security or other federal immigration agency
(You must submit a copy of the FRONT and BACK of your Alien Registration Receipt card).

My alien registration number issued by the Department of Homeland Security or other federal immigration agency is: _____ **(Required if #2 or #3 is checked).**
(You must submit the FRONT and BACK of your LPR/QA card).

I also verify I am providing **A COPY OF THE FRONT AND BACK** of at least one secure and verifiable document, as required by O.C.G.A. Sec. 50-36-1(e)(1), with this affidavit. **A complete list of acceptable documents is on page 8 of this application.**

The **FRONT AND BACK** of the secure and verifiable document I am providing with this affidavit is:

(Identify the document, such as driver’s license, birth certificate if last name is still the same, permanent resident card, etc.)

In providing the above information under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit in any matter within the jurisdiction of any department or agency of state government shall be guilty of a violation of O.C.G.A. §16-10-20 and face criminal penalties as allowed by such criminal statute.

Signature of Applicant _____
Date

Printed Name: _____

Printed Address: _____
Mailing Address

City State Zip

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ____ DAY OF _____, 20__

Notary Public

My Commission Expires: ___/___, 20__

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2012 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- **A driver’s license** issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, providing that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A United States passport or passport card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An original or certified copy of a birth certificate** issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A United States Permanent Resident Card or Alien Registration Receipt Card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A United States military identification card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An identification card** issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, providing that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A tribal identification card** of a federally recognized Native American tribe, provided it contains a photograph of the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre?BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An Employment Authorization Document** that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A passport issued by a foreign government** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A Merchant Mariner Document or Merchant Mariner Credential** issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A Free and secure Trade (FAST) card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A NEXUS card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A driver’s license issued by a Canadian government authority** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A Certificate of Citizenship** issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A Certificate of Naturalization** issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **Certification of Report of Birth** issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **Certification of Birth Abroad** issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **Consular Report of Birth Abroad** issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]



If you have any questions,
call 800-227-3410 or 770-642-6722
www.DECALscholars.com
support@DECALscholars.com



DECAL Scholars programs are managed by Care Solutions, Inc.

GEORGIA PROFESSIONAL DEVELOPMENT SYSTEM

All individuals applying for SCHOLARSHIPS must register with the Georgia Professional Development System for Early Childhood Educators (GaPDS) as a part of the application process. The GaPDS is separate from DECAL Scholars. It records and maintains your professional development information – your training and/or any credentials or degrees you earn, in one convenient location.

Registering is easy! You can sign up immediately, even if you have not earned a credential or degree, by entering any recent early childhood or related training you have received.

1. Gather your relevant training certificates, credentials, and/or transcript(s).
2. Go to <https://gapds.dec.al.ga.gov>. Click the Login/Register button.
3. Click **“Create new account for GaPDS.”**
4. Select **“I want to create and manage my Georgia Professional Development System profile or enroll in training”** and click Continue.
5. Follow the directions, including selecting your employer, to create your confidential account. Be sure to record your username and password and secure them for future use. You will receive a confirmation email. Follow the instructions in the email to complete your account.
6. After completing and saving the Contact, Education, Employment, and Training sections, scroll to the bottom of the page and look for the message **“Ready for Submission?”** Click on **“My Profile”**.
7. Scroll to the bottom of the screen and click on the **“Continue to Submission”** button.
8. Check the box next to **“I certify that the statements I have made to Bright from the Start: Georgia Department of Early Care and Learning . . .”** and click Submit. This will change your GaPDS status from Incomplete to Pending and you will be assigned a GaPDS Number.
9. Click the **“Profile”** link in the Reports box on the left side of the screen, print your GaPDS profile and submit with your **SCHOLARSHIPS** application. Your GaPDS profile must reflect your name, your GaPDS number, **the name of your current employer**, and a Pending or Active status.
10. You will receive an email identifying what you need to submit to the GaPDS to verify the information you entered. **The documents are not shared with the DECAL Scholars programs.**

Two other tabs appear when you enter the system to view your profile: Other Career Data and Demographics. Completing the information under these tabs is voluntary; this data is used by Bright from the Start to determine additional supports and services needed across the state.

You can update your profile at any time by submitting documentation of state-approved trainings, credentials, degrees, conference attendance, etc. as you complete them.

The GaPDS is a tool that benefits the early care and education community in Georgia, and we encourage you to take advantage of this opportunity. Thank you for your continued dedication to your professional development and your commitment to improving the quality of care for young children.

If you have questions or need technical support, contact the GaPDS at 404-334-6461 (866-258-7737 outside the metro Atlanta area) or email gapds@dec.al.ga.gov.

FREQUENTLY ASKED QUESTIONS

1. What CDA Trainings qualify for SCHOLARSHIPS?
 - a. Any 120 clock hour CDA course approved through the Georgia Training Approval System (<https://gapds.dec.state.ga.us>)
2. What CDA Trainings qualify for SCHOLARSHIPS Renewal?
 - a. Any 45 clock hour CDA course approved through the Georgia Training Approval System (<https://gapds.dec.state.ga.us>)
3. If I have completed my CDA Certificate, can I be reimbursed for the cost of the training.
 - a. No, we do not reimburse for the cost of the training if you have already earned your CDA Certificate.
4. What is POWER-ED and how do I apply?
 - a. POWER-ED is a workforce supplement that rewards approved SCHOLARSHIPS applicants with a \$1000 supplement for continuing their education. CDA approved applicants will receive a POWER-ED workforce supplement up to 3 times per year based on the progress they are making with their CDA training. CDA Scholarships applicants will need to submit the POWER-ED application and a progress report of their training.
5. What is the Georgia Professional Development System (GaPDS)?
 - a. The Professional Development System (GaPDS) is an innovative resource developed by DECAL for early care and education (ECE) professionals. It allows individuals to track their career, training hours, and any credentials or degrees earned. See page six for instructions.
6. Where can I find a Notary Public to notarize the “Affidavit for Lawful Presence Verification”?
 - a. A Notary can often be found at your local bank, post office, public library or court house. A notarized affidavit and required documentation must be submitted to the program one time by US Citizens, but Georgia law (O.C.G.A. § 50-36-2) requires all legal permanent residents, qualified alien and non-immigrants to submit a new Affidavit every 12 months.
7. When will I find out if I have been approved for a SCHOLARSHIPS?
 - a. You should receive an email letter indicating the status of your application within three to four weeks. If you have not heard from DECAL Scholars within four weeks, contact us (support@decalscholars.com) to confirm receipt of your application.
8. Where can I submit my application?
 - a. Submit your completed application and supporting documentation to DECAL Scholars Programs c/o Care Solutions, Inc.
Email: support@decalscholars.com or Fax: 678-822-5272
(mailed applications are not accepted)



Substitute Stipends

Substitute stipends available for all SCHOLARSHIPS eligible academic programs to the recipient's employer so the recipient can have paid time off to attend class, study, or complete assignments.

Employers of teachers who are participating in the SCHOLARSHIPS program must give the teacher paid time off to attend class, study, or prepare for class. The employer will receive a stipend of \$15/hour to cover the cost of substitute teachers while the SCHOLARSHIPS recipient is away from her classroom. Each employer can receive a maximum of \$1,500 in substitute stipends per semester for each SCHOLARSHIPS recipient. SCHOLARSHIPS Paid Time Off Logs must be signed by the Center Director and the SCHOLARSHIPS recipient to be considered for reimbursement. Employers must complete the SCHOLARSHIPS Paid Time Off Log and submit monthly. All SCHOLARSHIPS Paid Time Off Logs must be submitted to support@decalscholars.com by the end of the last month of class to be considered for reimbursement.

SCHOLARSHIPS Paid Time Off Log

Facility Name _____

Teacher Name _____

Last 4 SSN: _____

Semester: _____

Month: _____

Date	Start Time	End Time	Total Time	Teacher Initials

I verify that the above information is true to the best of my knowledge. I also confirm that I received **paid** time off to attend class, study, or complete assignments. I understand that any false or incomplete information knowingly provided on this form or in supporting documents may be grounds to be denied participation in this program and may prevent me from future participation in any DECAL Scholars programs. I understand that intentionally providing false information on this form or in supporting documents is a violation of state law and may result in civil or criminal proceedings. I authorize any agent or employee of Georgia Department of Early Care and Learning to verify this information and release it to any necessary party for my consideration in this program.

Teacher Name

Teacher Signature

Date

Director Name

Director Signature

Date