



Early Learning Coalition of Orange County  
CDA Matching Grant Application

**APPLICANT PERSONAL DATA**

Name \_\_\_\_\_  
Last First Middle

Home Address Apartment # (if applicable)

City State Zip Code

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
Area Code /Home number Area Code / Work Phone

Social Security # \_\_\_\_\_ Highest level of education:  High School  GED Other \_\_\_\_\_  
(Specify)

**EMPLOYER/CHILD CARE PROGRAM INFORMATION**

Place of employment: \_\_\_\_\_

Mailing address City State Zip Code

Current Position/Title: \_\_\_\_\_

Please check the ages of the children you provide care for  infants  toddlers  2's  3's  4-5's

Director of the Child Care program where you are employed: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Mailing Address City State Zip Code

**CHOICE OF CREDENTIAL**

Check the type of CDA credential you wish to apply for:

\_\_\_ Center based (infant/toddler, preschool) \_\_\_ Family Child Care

**Grant Requirements**

**Candidates are required to (submit proof of the following):**

- o Be at least 18 years of age or older (copy of driver's license)
- o Hold a high school diploma or GED (copy of diploma or GED certificate)

- Be employed by an Early Learning Coalition funded program (letter of employment verification from employer). Family child care providers must be licensed by the Department of Children and Families (copy of license(s)).

**Employees of registered family child care homes do not qualify for this grant.**

- Have at least one year of documented experience working with young children as indicated by letter(s) of employment verification.
- Submit 3 letters of recommendation: 2 professional references to include current employer and 1 personal.
- Completed DCF state mandated 40 hour training or 30 hours for Family Child Care, depending on program (copy of certificates).
- Answer the following two questions:

**Please answer the following questions:**

Why did you choose a career in the early childhood education?

How will you use knowledge and skills gained in the CDA program to work with young children?

<b>APPLICANT STATEMENT OF UNDERSTANDING AND AGREEMENT</b>
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I wish to apply for an Early Learning funded CDA grant. I understand that this grant will pay for fees and textbooks costs for eligible candidates. By signing this agreement, I agree to complete the requirements set forth by the accrediting entity for which I am applying. I understand and agree to all eligibility requirements set forth by the Early Learning Coalition of Orange County. If I am approved for the grant, I agree to provide follow-up information regarding employment, course completion, etc., as requested by the Coalition for progress reporting and accountability. I will comply with the above requirements and confirm that all answers given to all questions on this application, and any enclosed documents, are true and correct to the best of my knowledge.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

Please mail or fax your completed application to:  
 Early Learning Coalition of Orange County  
 P.O. Box 540387  
 Orlando, FL 32854-0387  
 Phone (407) 841-6607 Fax (407) 841-6697