



Application

Eligibility

To be eligible for a Louisiana Pathways tuition scholarship for the Blended Ancillary CDA Certificate Program (BACCP), you must:

- Be enrolled and actively participating in the Louisiana Pathways Early Learning Center Career Development System
- Be working as a lead or assistant teacher at least 16 hours a week in a licensed Louisiana Type III early learning center

STEP 1: Personal Information (please print):

Additionally, you:

- May not already hold a degree or certificate (such as associate degree in early childhood or bachelor's degree in any field) that qualifies you for the Early Childhood Ancillary Certificate
- Should not have completed more than 80 hours of Child Development Associate (CDA) preparatory training

If you are interested in obtaining your CDA but not eligible for the BACCP tuition scholarship, contact ProSolutions Training about other

Name:	Last 4 digits of SS#:				
Home Address	First-middle initial-last (as it appears on your social security card) ess:Apartment Number: Street or post office box (Enter only one)				
City:	Stat	e:	Zip:		
Home Phone:	()Ce	ell Phone: ()			
Date of Birth:	/ / Email:				
Residence Par	rish:				
Years of exper	rience in early childhood field:				
-	dy enrolled in the LA Pathways System? hways Enrollment form and an Employment Verificat		☐ Not sure Iment in the LA Pathways system.		
Gender:	Race:	Ethnicity: (any race)	Primary language:		
☐ Female☐ Male	 □ White □ Black / African-American □ Native Hawaiian / Pacific Islander □ Native American / Alaskan Native □ Asian □ Bi- / Multi-Racial □ Other: 	☐ Hispanic / Latino☐ Not Hispanic / Latino	☐ English ☐ French ☐ Spanish ☐ Other:		

STEP 2: Employment Information (please print): Center Name: _____ License #: _____ Physical Address: _____ City: _____ State: ____ Zip: _____ Parish: ______ Landline: () _____ Director Name: _____ Director Email: ____ Your Job Title (mark all that apply): ☐ Assistant Teacher ☐ Lead Teacher ☐ Asst. Director ■ Director Owner Are you a Head Start or Early Head Start teacher? ☐ Yes ☐ No Center Type: ☐ Type III ☐ Type III ■ Type I Number of hours you work each week: _____ Number of months per year you work (circle one): 9 10 12 Date of hire: _____ /____ /____ (use original hire date if employment has been continuous with present employer, but at different locations) # of children in your classroom: _____ Ages of children in your class (check all that apply): Birth-1 1-2 2-3 3-4 4-5 5-12 **Employment History** List your employment history for the last 5 years (attach additional pages as necessary) Dates Worked Position Employer Address Phone (Month, Year to Month, Year)

Education					
Date High School diploma or GED received					
School Name	Lo	ocation			
	* Attach a copy of diploma/GED				
Name(s) of technical or community college(s) attended:					
Number of credit hours completed:					
Number of semester hours in early learning/child development:					
Indicate below any certificate, diploma or degree completed/received:					
	Program of Study	Date Recieved (Month, Year)			
Technical certificate of credit					
Technical college diploma					
Associate degree					
Bachelor's degree					
Personal Statement					
In 2-3 paragraphs, explain why y	In 2-3 paragraphs, explain why you want to participate in the Blended Ancillary CDA Certificate Program.				

(Type or print on a separate page and attach Personal Statement to your completed application.)

You might mention:

- Why you want to continue serving in child care
- Why you want to further your own education



Name (please print)

Checklist

- ☐ This Application
- ☐ Signed Candidate and Director Memorandum of Understanding
- ☐ Copy of Diploma or GED
- Personal Statement
- ☐ LA Pathways Application

Submit <u>ALL</u> forms on checklist via mail or e-mail to:

BACCP

c/o ProSolutions Training 1117 Perimeter Center West, Suite W300, Atlanta, GA 30338 BACCP@prosolutionstraining.com Att: BACCP Consultant

	/ /
 Signature	Date

Rev 1/25/19