



Application for the CDA Scholarship through VAECE
(Please Print)

Candidate Identification:

Name of Candidate:		
Home Address of Candidate:	City:	Zip:
Home Phone:	Email:	
Local VAECE Affiliate:		
VAECE Membership#:		

Program Information:

Name of Program Where Candidate is employed:		
Name of Program Director:		
Program Address:	City:	Zip:
Phone:	Program's Email:	

Application Information:

Amount of funds requested- 1/2 of the amount paid by the Candidate (Must provide a copy of canceled check/payment document as verification of amount spent):
Date fee was paid:
Is this application for :direct assessment credentialing fee <input type="checkbox"/> or renewal fee <input type="checkbox"/>
Check all applicable: Infant/Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> Family Child Care Provider <input type="checkbox"/> Bilingual <input type="checkbox"/>

Mail Application to Chair of the Accreditation/CDA Committee Chair
(Contact information Published in [Viewpoint](#))

For VAECE Use Only:	
Membership:	Approved:
CDA Certificate:	Date :
Proof of Payment:	Amount:
Date sent to Treasurer:	Date Paid:
	Check #: