



Early Childhood Scholarship Form FY22 – FY23: CDA Credential

Early Childhood Professional’s Name: _____

Professional’s Email Address: _____

Professional’s Phone Number: _____

What type of child care program do you work in?

- Center
 Large Family Child Care
 Family Child Care
 I don’t work in a child care

Please fill in when you have completed, or plan to complete, each component.

Have you **STARTED** or **COMPLETED** the 120 course hours?

YES, I have COMPLETED. Date of Completion: _____

Name of approved course/curriculum: _____

YES, I have STARTED. Expected date of completion: _____

Name of approved course/curriculum: _____

NO, I would like to start the online, approved classes with Quorum* (enter month): _____

**Quorum is paid for through the Scholarship Program*

Please contact me. I have questions about the options and my individual situation.

Component	Date of Completion	Planned Date of Completion
Portfolio		
Observation		
CDA Exam		

This form is to be returned to Children & Families First (CFF)

Email (preferred): scholarships@cffde.org

Mail: Children & Families First
 Attn: Scholarships
 555 Justison Street
 Suite 150
 Wilmington, DE 19801

Questions? Call 800-734-2388

A CFF Counselor is assigned to each Early Childhood Professional. The CFF Counselor will contact the Early Childhood Professional with any questions or will email back the approval. Early Childhood Professionals may register only after receiving an approved form.

Any changes to a plan will require a new form to be submitted and approved.