**SCHOLARSHIP MATRIX**

### CDA Assessment Scholarship

<table>
<thead>
<tr>
<th></th>
<th>Scholars Program</th>
<th>Child Care Facility</th>
<th>Child Care Provider*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scholarship*</td>
<td>Assessment Fee:</td>
<td>Assessment fee to be paid by the sponsoring child care facility or by the child care provider:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CDA - $297.50</td>
<td>CDA - $127.50</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td>Must have completed all requirements for the credential assessment.</td>
</tr>
<tr>
<td>Educational Stipend**</td>
<td>$100 – $200**</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>upon receipt of credential***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commitment</td>
<td></td>
<td>If fee paid by child care facility, remain employed at the child care facility for at least six months after receiving credential.</td>
<td>Remain employed in the child care field for at least six months after receiving credential.</td>
</tr>
</tbody>
</table>

*Family child care providers are not eligible to earn the CCP.

** $100 educational stipend to Pathway scholars upon receipt of the national credential. (During the Pathway plan of study, these scholars will have already received: 1.) a $75 educational stipend for successful completion of 90 clock hours of Early Education: Pathway to Your National Credential coursework; and 2.) a $75 educational stipend upon notification from the State Department of Career and Technology Education for successfully passing the Pathway End of Instruction Exam and being awarded the Early Education: Pathway to Your National Credential Competency Certificate.

Non-Pathway scholars will receive the one time stipend of $200 upon receipt of the national credential.

*** A copy of the credential must be received by the Scholars Program within 90 days of the credential award date.

Next steps, after earning credential:

1. **Director's Pathway**: With a current national CDA Credential (or higher education i.e. CD/EC credit hours, Certificate of Mastery, etc.) child care center directors, assistant directors, and family child care home providers may apply for the Early Care and Education: Director's Pathway to Program Administration. Director's Pathway is a comprehensive child development/early childhood child care administration program offered through the technology center. This training prepares providers for business management and leadership in child care.

2. **College**: With a current national CDA Credential or CCP Credential and successful completion of 12 credit hours at a community college, a minimum of 6 credit hours in child development/early childhood education toward an associate degree in child development/early childhood education may be awarded.

Note: REWARD Oklahoma is a program designed to promote quality child care in Oklahoma. By advancing your child care career through higher education you could be eligible for salary supplements from REWARD Oklahoma if eligible. For more information, visit www.cecpd.org or call 888-446-7608.

The Scholars program is a collaboration with the State Regents for Higher Education and the Department of Human Services.
The CDA is a national credential awarded by the Council for Professional Recognition to child care professionals who have successfully completed the Child Development Associate (CDA) assessment process. The Scholars program provides a scholarship to pay 70% of the assessment fee ($297.50) and an education stipend to those awarded the CDA Credential. The CDA Candidate/scholar pays 30% ($127.50) of the assessment fee.

Child care providers meeting Scholars program eligibility requirements and who have completed the education component for the CDA either through Early Care and Education: Pathway to Your National Credential training or nine credit hours of CD/EC courses may apply for the assessment scholarship by completing the following:

- CDA Assessment Scholarship Application (complete all information requested)
- Informed Consent and Release of Information (read, sign, and date)
- CDA Assessment Scholarship Agreement (read, sign, and date)
- Verification of income:
  - Teachers and Directors – a copy of a current check stub indicating gross salary or hourly rate of pay and hours worked
  - Family Child Care Provider – complete a Verification of Income form
- Payee Form (complete with your personal information)
- Check or money order payable to ‘State Regents’ for $127.50

Include the following items with the CDA Assessment Scholarship Application:

- Completed CDA Credential Application (located in the back of the Child Development Associate National Credentialing Program and CDA Competency Standards book.) Do not mail this to the Council in Washington, D.C.
- Copies of all training documents showing CDA eligible training/education completed within the last 5 years. This may include:
  - training certificates
  - Training Record from the Oklahoma Registry from CECPD
  - Early Care and Education: Pathway to Your National Credential CDA End of Instruction Competency Certificate
  - transcript showing the following coursework:
    - Early Care and Education: Pathway to Your National Credential CDA
    - College transcript with nine CD/EC college credit hours completed

Return the completed applications (the scholarship and the CDA credential application); training documentation, and a check or money order to Scholars for Excellence in Child Care at the address listed above.

The Scholars program is a collaboration with the State Regents for Higher Education and the Department of Human Services.
Assessment Scholarship Eligibility Requirements

Child care providers must:

- Work in a one-star or above DHS or tribal licensed child care facility with a minimum of 10 percent subsidy children at the time of application. If the facility does not meet the 10 percent subsidy criteria then provide a letter of justification for lack of 10 percent.
- Work as a teacher, family child care provider or director at least 30 hours per week and earn $15.50 or less per hour.
- Complete the Early Education: Pathway to Your National Credential (Pathway) courses and obtain Pathway Competency Certificate or complete 9 credit hours of child development or early childhood education college coursework. Note: Out of state CDA training is considered on a case-by-case basis.

Is this the first time applying for the Scholars program CDA/CCP Assessment scholarship?  □ Yes  □ No

<table>
<thead>
<tr>
<th>Type of Assessment:</th>
<th>Type of Setting for your Assessment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ CDA Credential</td>
<td>□ CCP, Birth-6 years</td>
</tr>
<tr>
<td>□ CCP Credential</td>
<td>□ CDA, Family Child Care</td>
</tr>
<tr>
<td>□ CDA, Center Based: Infant/Toddler</td>
<td>□ CDA, Center Based: Preschool</td>
</tr>
</tbody>
</table>

Only one assessment scholarship may be awarded per individual.

From the certificates provided, where did you complete your CDA/CCP training or coursework?  Mark all that apply.

| □ Community based | □ Career Technology Center: ______________________ | (Please list CTC.) |
| □ Other: ______________________ | □ Community College: ______________________ | (Please list CC.) |

Was your training paid for by the Scholars Program Tuition Scholarship?  □ Yes  □ No

<table>
<thead>
<tr>
<th>CDA Professional Development (PD) Specialist:</th>
<th>(Does not apply for CCP.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ______________________</td>
<td>ID#: ______________________</td>
</tr>
</tbody>
</table>

Date of High School graduation or GED earned:

| Month/Year: | Birth Date: / / |

Last Name: ______________________ | First Name: ______________________ | MI: ______________________ |

| Gender: | □ Male  □ Female |

Mailing Address: ______________________ | City: ______________________ | State: ______________________ | Zip Code: ______________________ |

County of Residence: ______________________ | Home Phone: ( ) - | Cell Phone: ( ) - |

E-mail Address: ______________________ | Ethnic Origin: | □ Hispanic  □ Asian or Pacific Islander  □ Nonresident Alien  □ American Indian or Alaskan Native |

| □ Black, Non-Hispanic  □ White, Non-Hispanic  □ Bi/Multi Racial |

Facility Name: ______________________ | Supervisor’s Name: ______________________ | Facility Phone: ( ) - |

Facility Address: ______________________ | City: ______________________ | State: ______________________ | Zip Code: ______________________ | Facility Number: ( ) - |

Facility Type: □ Center  □ Home  □ Head Start  □ Early Head Start | Contract Number: | License Number: | Federal Tax ID Number: |

Star Rating Date: ____________ |  □ 1-star  □ 1-star plus  □ 2-star  □ 3-star |

Licensed Capacity: | Total Enrolled: | DHS or Tribal Subsidy Children Enrolled: #_________ ________ % |

Job Title: □ Director/Owner  □ Director/Employee  □ Assistant Director  □ Family Child Care Home Provider (FCCP) | □ Master Teacher  □ Teacher  □ Assistant Teacher  □ FCCP Assistant |

| Hours Worked per Week: | Hourly Wage: |

Approved by: ______________________ | Date: ______________________ |

Scholars Program Scholarship Staff

The Scholars program is a collaboration with the State Regents for Higher Education and the Department of Human Services.
Informed Consent and Release of Information

Please sign below giving your permission for data and surveys to be collected and used to evaluate the impact of the Scholars for Excellence in Child Care program at the Oklahoma State Regents for Higher Education. The Oklahoma State Regents for Higher Education is an equal opportunity agency and complies with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Americans with Disabilities Act, and other federal laws and regulations. It does not discriminate on the basis of race, color, national origin, sex, age, religion, disability, or status as a veteran in any of its policies, practices, or procedures.

I, ______________________________ agree to participate in the evaluation of the Scholars for Excellence in Child Care program. I give my permission for all personal information, educational information, assessment, transcripts, class completion information, grades, financial aid, and survey data to be collected throughout the course of my participation in the program to be used for evaluation, reporting, and research purposes. Such information collected or produced as a result of participation in the Scholars program may be shared with the Oklahoma Department of Human Services (DHS) for the purpose of verifying compliance with “Reaching for the Stars” and Child Care Licensing requirements. In addition, student specific information may be utilized by DHS to evaluate the progress and success of students in determining the effectiveness of the initiative.

Applicant’s Signature ______________________________ Date ______________________________
This agreement includes the child care provider, the child care facility, the Scholars for Excellence in Child Care (Scholars) program, and the Oklahoma State Regents for Higher Education. In the event funds to finance this agreement become unavailable, either in part or in full, due to reduction in appropriations, this agreement may be terminated and such notice will be provided in writing to the parties herein.

Section I:

Administered by the Oklahoma State Regents for Higher Education, the Scholars for Excellence in Child Care program scholarship will:

1. Review and ensure completeness of the CDA Assessment Scholarship Application.
2. Review and ensure completeness of the Child Development Associate Application.
3. Pay of $297.50 of the CDA assessment fee.
4. Submit the completed CDA Credential Assessment Application and assessment fee to the Council for Early Childhood Professional Recognition.
5. Award an educational stipend to scholarship participant upon receiving a copy of CDA Credential. (Copy must be received within 90 days of the credential date).

Section II:

The scholarship applicant agrees to the following: Choose one option.

☐ OPTION I

Participant agrees to:

1. Submit CDA Assessment Scholarship Application to the Scholars program.
2. Submit Child Development Associate (CDA) Application.
3. Pay $127.50 of the CDA assessment fee. Make check or money order payable to ‘State Regents’.
4. Submit a copy of the CDA Credential to the Scholars program within 90 days of the date printed on the credential to receive an educational stipend.
5. A 6 month commitment to the field of child care after receiving CDA Credential.

☐ OPTION II

Child Care Facility agrees to:

1. Pay $127.50 for the CDA assessment fee. Make check or money order payable to ‘State Regents’.

Participant agrees to:

1. Submit CDA assessment application to the Scholars program.
2. Submit copy of CDA Credential to the Scholars program within 90 days of the date printed on the credential to receive an educational stipend.
3. A 6 month commitment to the sponsoring child care facility after receiving CDA Credential.

Applicant’s Signature __________________________ Date ___________
Family Child Care Home Providers

In lieu of a check stub, for income eligibility documentation required for the scholarship application, family child care home providers may complete the Verification of Income form.

As an Oklahoma Department of Human Services licensed Family Child Care Home participating in the “Reaching for the Stars” quality initiative, I, ________________________________, the family child care home provider declare that I am currently working at least 30 hours per week, and I am being paid to care for children other than my own.

I understand that the Scholars for Excellence in Child Care program reserves the right to request documented verification of income at any time during my scholarship agreement term.

____________________________________  _______________________
Family Child Care Home Provider Signature  Date
Agency: OMES Vendor Management requires the following information for all new non-registered vendors (payees) before payments may be processed. Information is used to establish the payee in the State’s PeopleSoft vendor file for payment and procurement activities.

**AGENCY SECTION** (To be completed by state agency representative.)

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>OKLAHOMA STATE REGENTS FOR HIGHER EDUCATION</th>
<th>Contact Name</th>
<th>Scholars Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone #</td>
<td>405.225.9396</td>
<td>Fax #</td>
<td>405.225-9398</td>
</tr>
</tbody>
</table>

Agency Request To – Please select all applicable request types

- [ ] Add New Vendor
- [ ] Update Existing Vendor
- [ ] Add New Address
- [ ] Change Address/Location
- [ ] Change Vendor Tax ID
- [ ] Change Vendor Name
- [ ] Add Alternate Payee Name
- [ ] Change Vendor Location
- [ ] Other Explain

Vendor 1099 Reportable Status

**PAYEE/PAYEE SECTION** (To be completed by vendor/payee):

*Please print legibly or type this information. Form must be completed and signed by authorized individual.*

Fax to the Scholars for Excellence in Child Care program at 405-225-9398.

**Payee Information:** Provide the requested information for the payee receiving funds from the Oklahoma state agency. All information should match U.S. Internal Revenue Service filing records for the business, individual or government entity receiving payment.

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payee Legal Name for Business, Individual or Government Entity as filed with IRS</td>
<td>Contact Title</td>
</tr>
<tr>
<td>DBA Name</td>
<td>Phone #</td>
</tr>
</tbody>
</table>

Doing Business As “DBA”, or Disregarded Entity Name if different than Legal Name

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payee Legal Name for Business, Individual or Government Entity as filed with IRS</td>
<td>Contact Title</td>
</tr>
<tr>
<td>DBA Name</td>
<td>Phone #</td>
</tr>
</tbody>
</table>

Tax Identification Number (TIN) and Type:

- [X] Federal Employer ID (FEIN)
- [ ] Social Security Number (SSN)

Business Address – Please provide primary business address as filed with the U.S. Internal Revenue Service

<table>
<thead>
<tr>
<th>Address 1</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>Zip+4</td>
</tr>
</tbody>
</table>

Remittance Email

Optional Addresses – Please select address type as applicable

<table>
<thead>
<tr>
<th>Type: Remitting</th>
<th>Ordering</th>
<th>Pricing</th>
<th>Returning</th>
<th>Mailing</th>
<th>Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address 1</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>Zip+4</td>
</tr>
</tbody>
</table>

Remittance Email

Financial Registration: Please provide contact information for the Authorized Individual who can provide financial information used for ACH Electronic Funds Transfer payment processes. An email will be sent providing instructions for accessing the State of Oklahoma online registration system.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email</th>
</tr>
</thead>
</table>

OSRHE Vendor/Payee Form 8-26-15/SECC 1/2016
W-9 SUPPLEMENTAL INFORMATION – ALL VENDORS OR PAYEES

The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with the state, or may result in the state having to deduct backup withholding amounts from future payments.

U.S. Taxpayer Identification Number (TIN)
Federal Employer Identification Number (FEIN) ____________________________ If none, but applied for, date applied ____________

U.S. Social Security Number (SSN) ____________________________ If none, but applied for, date applied ____________

Entity Filing Classification:
☒ Domestic (U.S.) Sole Proprietor ☐ Domestic (U.S.) Partnership ☐ Domestic (U.S.) Corporation Type: ____________
☐ Limited Liability Company Type: ____________ Disregarded Entity: ☐ YES ☐ NO
☐ Domestic (U.S.) Other Explain: ____________________________
☐ Foreign (Non-U.S.) Sole Proprietor* ☐ Foreign (Non-U.S.) Partnership* ☐ Foreign (Non-U.S.) Corporation* Type: ____________
☐ Foreign (Non-U.S.) Other* Explain: ____________________________

*ADDITIONAL DOCUMENTATION IS REQUIRED

FOREIGN VENDOR INSTRUCTIONS: NA


This may exempt you from backup withholding. Form W-8 does not exempt you from the 30% (or lower percentage by treaty) non-resident withholding taxes. To claim this exemption, you must file IRS Form 8233 with us. For more information, refer to IRS Publication 519.

SIGNATURE - AND SUBSTITUTE IRS FORM W-9 CERTIFICATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement account (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Signature of Vendor Representative or Individual Payee ____________________________ Date ____________

Title of individual signing form for company ____________________________

Vendor/Payee (Please print name as it appears on page 1) ____________________________________________

Please fax the completed form (all highlighted areas) to: The Scholars for Excellence in Child Care program at 405-225-9398.