



## CDA Application/Renewal Award

July 1, 2017—June 30, 2018

### What is a CDA Application/Renewal Award?

A CDA Application/Renewal Award provides early childhood (EC) professionals in Alaska with funding of up to \$500 for one CDA Application or Renewal fee per person, per State fiscal year (July 1—June 30), pre-paid directly to the Council for Professional Recognition or as a reimbursement to the applicant.

Applicants can receive an award or reimbursement for 100% of the CDA Application or Renewal fee based on the current fee schedule:

- CDA Application: \$425 (online fee) or \$500 (paper application via U.S. mail)
- CDA Renewal: \$125 (online fee) or \$150 (paper application via U.S. mail)

### Eligibility Criteria

1. You must be operating, or be a paid employee of, a licensed or approved child care facility (Military, Head Start, and School District employees are not eligible).
2. You must have an active/current/updated SEED Registry membership. You can submit or renew an application online at [www.seedalaska.org](http://www.seedalaska.org). For more information, contact us at: [info@seedalaska.org](mailto:info@seedalaska.org) or 907.265.3194 or 855.265.7333.
3. You must pay any unpaid **thread** training balance(s), if applicable, to receive a CDA Award.
4. If you choose to pay the CDA Application or Renewal fee directly to the Council for Professional Recognition, **your payment must have been made to the Council within the past 60 days of this application.** You must submit proof of payment (copy of cancelled check, credit card or bank statement, etc.) which includes candidate's name and date of payment.
5. If you have received funding from other financial aid/scholarship programs, your CDA Award reimbursement amount will be reduced by the amount of other scholarship and/or financial aid.

**Example 1:** Susan received a full scholarship from the Anchorage Association for the Education of Young Children (AAEYC) for the CDA Application fee. Susan **is not be eligible** for a CDA Application Award.

**Example 2:** John received a partial scholarship in the amount of \$225 from the AAEYC towards his \$425 CDA Application fee. SEED will provide a reimbursement or payment to the Council for Professional Recognition in the amount of \$200.

#### SEED

3350 Commercial Drive, Suite 203  
Anchorage, AK 99501

Telephone: 907.265.3194 / Toll Free: 1.855.265.7333

Fax: 907.265.3195 / Toll Free Fax: 1.855.265.3195

Email: [info@seedalaska.org](mailto:info@seedalaska.org)





**CDA Application/Renewal Award Application**  
July 1, 2017—June 30, 2018

CDA Application/Renewal Awards will be awarded on a **FIRST COME, FIRST SERVE** basis. Payment will be made directly to the Council for Professional Recognition or as a reimbursement with proof of payment. **Reimbursements will be made within 45 days after a completed application is received.** Contact SEED if you have not received payment within 50 days.

I certify that I operate, or am a paid employee, of a licensed or approved child care facility and meet the Eligibility Criteria. The information I am providing in this request is true and accurate to the best of my knowledge. Falsification of any information may result in repayment of funds and the inability to receive future reimbursement funds.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Complete the CDA Application/Renewal Award Application below and submit to the SEED office** (contact info below)

**The following documents must be submitted with this application as follows:**

- When requesting SEED pay the application or renewal fee directly to the Council for Professional Recognition: Submit documentation of the payment Cover Letter from the Council for Professional Recognition (see the "How to Online CDA Application Fee") document on how to obtain the Cover Letter from the Council for Professional Recognition).
- When requesting a reimbursement: Submit documentation of payment made to the Council for Professional Recognition (canceled check, credit card or bank statement, etc.).

Please print in **black** or **blue** ink or complete electronically, and then print and sign your application. Incomplete, illegible or incorrect applications will not be processed. **ALL FIELDS ARE REQUIRED.**

<b>Applicant Name:</b> _____	
<b>Email Address:</b> _____	<b>Phone Number:</b> ( ) _____ --
<b>SEED Registry Username:</b> _____ <b>SEED Expiration Date:</b> _____ (Your SEED Registry Username & Expiration Date can be found on your SEED Registry Certificate)	
<b>Facility Name:</b> _____	<b>Facility is licensed or approved:</b> <input type="checkbox"/> Center <input type="checkbox"/> Group Home <input type="checkbox"/> Home
<b>Administrators Name:</b> _____	<b>I work with:</b> <input type="checkbox"/> Infant-Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> School-Age <input type="checkbox"/> Other _____
<b>I received CDA training through thread?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>CDA Payment Type:</b> <input type="checkbox"/> Application Fee <input type="checkbox"/> Renewal Fee	<b>Amount Requested \$</b> _____
<input type="checkbox"/> <b>For Direct Payment/Make Check Payable to:</b> Council for Professional Recognition	
<input type="checkbox"/> <b>For Reimbursement Requests:</b> Costs were paid by: <input type="checkbox"/> Employer <input type="checkbox"/> Self	
<b>Reimburse/Make check payable to:</b> _____ (Programs/Businesses paying with a business credit card with an employee's name on the card will be paid to the program or business <u>not</u> the individual)	
<b>Mailing Address:</b> _____	<b>City:</b> _____ <b>Zip:</b> _____

Please initial the following before submitting your application:

- \_\_\_\_\_ I have filled in **all** fields on this application.
- \_\_\_\_\_ **For direct payment:** I have included the Cover Letter from the Council for Professional Recognition
- \_\_\_\_\_ **For reimbursements:** **1)** the CDA Application or Renewal fee **must have been paid within the past 60 days;**  
**2)** I have included receipt(s) with candidate's name and date of payment (electronic and photocopied or scanned receipts are acceptable).

**Please mail, fax or email your SIGNED, completed application via fax, mail or email (scanned copies) to:**

**SEED**  
3350 Commercial Drive, Suite 203  
Anchorage, AK 99501

Telephone: 907.265.3194 / Toll Free: 1.855.265.7333  
Fax 907.265.3195 / Toll Free Fax 1.855.265.3195  
Email: info@seedalaska.org

