



**CSEA/VOICE  
CDA SCHOLARSHIP REIMBURSEMENT  
APPLICATION FOR PROGRAM YEAR  
2016-2017**

Complete this form and mail it to the CSEA WORK Institute, 1 Lear Jet Lane, Suite 5, Latham, NY 12110. Call the CSEA WORK Institute at (518) 782-4427 or (866) 478-5548 (areas outside the Capital Region) if you have questions about any of the information requested. **You may apply for UP TO \$3000 in reimbursement for Child Development Associate Credential (CDA) for course expenses incurred between 4/1/15-3/31/17. All applications must be received (not postmarked) by March 31, 2017.**

**You are eligible if you are a NYS Registered Family or Licensed Group Family childcare provider outside of New York City.**

CSEA ID Number: 

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Social Security Number: 

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Daycare Registration/License Number: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Email address: \_\_\_\_\_

**Please check the appropriate box below to identify the expense for which you are seeking reimbursement.**

CDA Coursework

CDA Assessment Fee

Miscellaneous Fee

**CDA COURSE REIMBURSEMENT** School Name: \_\_\_\_\_

Course Number and Title: \_\_\_\_\_

**DO NOT LEAVE BLANK!**

Number of credits \_\_\_\_\_

What is the start date of the course? \_\_\_\_\_ What is the end date of the course? \_\_\_\_\_

All the information contained in this application is true and accurate to the best of my knowledge and belief. I hereby authorize the school named above to release to CSEA final grades and other information regarding my participation. **My signature below indicates that I understand that I am not receiving reimbursement from the CSEA/VOICE Tuition Assistance Program nor from the NYS Child Care Educational Incentive Program (EIP) for the same expenses for which I am requesting reimbursement. I understand that I must repay the monies if I, in any way, provide false information.**

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

