



**CSEA/VOICE
CDA SCHOLARSHIP REIMBURSEMENT
APPLICATION**

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 10/1/17-9/30/18. All applications must be received (not postmarked) by September 30, 2018.**

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: _____

