



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 10/1/21-9/30/23. All applications must be received (not postmarked) by September 30, 2023.

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

CSEA ID Number:	2 3		
Social Security Number:	==		
Daycare Registration/License Numb	er:		
Name:			
Mailing Address:			
City:	State:	Zip code:	
Daytime Phone: ()	Ext		
Email address:			
Please check the appropriate bo	ox below to identify the expense	for which you are seeking reiml	oursement.
CDA Course	CDA Application Fee	CDA Rene	wal Fee 🔲
Please include a copy of your in training organization (includin	ועסוכפ or receipt showing payn g proof of course completion) a	nent to Council for Professior and copy of CDA Credential (i	al Recognition and/or f applicable).
CDA COURSE REIMBURSI	EMENT School Name:		
Course Number and Title:			
Number of credits	DO NOT LEAVE BLA	ANK!	
What is the start date of the course?	What	is the end date of the course?	
All the information contained in this indicates that I understand that I a the NYS Child Care Educational In understand that I must repay the	centive Program (EIP) for the sam	rom the CSEA/VOICE Tuition As e expenses for which I am reque	sistance Program nor from
Signature:		_	Date:

