



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 inreimbursement for Child Development Associate Credential (CDA) for course expenses incurred between 10/1/23-9/30/25. All applications must be received (not postmarked) by September 30, 2025.

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

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CSEA ID Number:]]
Social Security Number:]	
Daycare Registration/License Number:		_
Name:		
Mailing Address:		
City:	State:	Zip code:
Daytime Phone: ()	Ext	
Email address:		
Please check the appropriate box below	w to identify the expense for which y	ou are seeking reimbursement.
CDA Course	CDA Application Fee	CDA Renewal Fee
Please include a copy of your invoice training organization (including proof	or receipt showing payment to Co f of course completion) and copy o	uncil for Professional Recognition and/or f CDA Credential (if applicable).
CDA COURSE REIMBURSEMEN	T School Name:	
Course Number and Title:		
Number of credits	DO NOT LEAVE BLANK!	
What is the start date of the course?	What is the end d	late of the course?
indicates that I understand that I am not	receiving reimbursement from the CSI Program (EIP) for the same expenses	ny knowledge and belief. My signature below EA/VOICE Tuition Assistance Program nor from for which I am requesting reimbursement. I cion.
Signature:		Date:

