

POWER-ED CDA Training SCHOLARSHIPS Recipients \$1000 Workforce Supplements

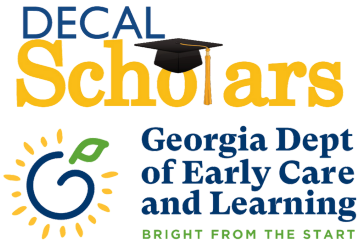
Providing Our Workforce Essential Recognition for Educational Development (POWER-ED) is a program that distributes \$1000 wage supplements to support the workforce as they attain higher educational credentials. POWER-ED Workforce Supplements are available for all CDA Training SCHOLARSHIPS approved applicants.

Recipients of DECAL Scholars CDA Training SCHOLARSHIPS will be paid POWER-ED Workforce Supplements based upon hours completed towards certification:

- 200 hours (120 clock hours of CDA training + first 80 hours of work experience): \$1,000
- 200 hours (total of 280 hours of work experience): \$1,000
- 200 hours (total of 480 hours of work experience) and copy of CDA certificate: \$1,000

Follow these steps to receive each POWER-ED payment:

- First Payment:** Complete this application, including the CDA Experience Verification Page, and your certificate of CDA Training completion and email to DECAL Scholars (support@decalscholars.com) after you have completed your first 200 hours (120 clock-hour CDA training and 80 observation hours).
- Second Payment:** Complete and email your second CDA Experience Verification Page once you have completed 200 additional hours.
- Third Payment:** Complete and email your third CDA Experience Verification Page along with your CDA credential once you have completed the last 200 observation hours and have received your CDA credential from the Council for Professional Recognition.



POWER-ED Workforce Supplement Application

Providing Our Workforce Essential Recognition for Educational Development (POWER-ED) will provide \$1000 wage supplements to support the workforce as they attain higher educational credentials. POWER-ED Workforce Supplements are available for CDA Training SCHOLARSHIPS eligible and approved applicants. POWER-ED is considered taxable income. You will receive an IRS Form 1099 as required and must report the Incentives payment as income on your tax return. Please contact a tax professional with any questions you have about how to report this on your taxes.

Applicant Personal Information (Please print):

Name: _____ County of Residence: _____
First-middle initial-last (as it appears on your social security card)

Mailing Address: _____ Apartment Number: _____
Street or post office box (Enter only one)

City: _____ State: _____ Zip: _____

Cell Phone: () _____ E-mail: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Gender:	Race:	Ethnicity:
<input type="checkbox"/> Female	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Male	<input type="checkbox"/> Black / African-American	<input type="checkbox"/> Not Hispanic/Latino
<input type="checkbox"/> Non-binary	<input type="checkbox"/> Asian	
<input type="checkbox"/> I prefer not to answer	<input type="checkbox"/> Native American / Alaskan Native Native	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Hawaiian / Pacific Islander	
	<input type="checkbox"/> Bi- / Multi-Racial	
	<input type="checkbox"/> Other:	

Statement of Affirmation: Read carefully before signing and dating. Unsigned applications will not be processed.

I _____, (applicant's name) attest that all of the information appearing on this application and in supporting documentation is true to the best of my knowledge. I understand that any false or incomplete information knowingly provided on this application or in supporting documents may be grounds to be denied participation in this program and may prevent me from future participation in any DECAL Scholars programs. I understand that intentionally providing false information on this application or in supporting documents is a violation of state law and may result in civil or criminal proceedings. I authorize any agent or employee of Georgia Department of Early Care and Learning to verify this information and release it to any necessary party for my consideration in this program. I understand that, if approved and awarded funds, I will receive a 1099 tax form and am required by the IRS to report the income on my tax return. I also understand and agree that my personal information may be shared with the Georgia Professional Development System. Under penalty of perjury, I certify that:

1. The number on this form is my correct taxpayer identification number (social security number or I am waiting to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. I understand I am being paid as an "individual" in regards to tax status; and
5. The (FACTA) code(s) entered on this form (if any) indicating I am exempt from FACTA reporting is correct.

I wish to apply for the **POWER-ED Workforce Supplement.**

Applicant's Signature _____

Date _____



