



CDA PATHWAYS SCHOLARSHIPS

High School

PROFESSIONAL DEVELOPMENT PROGRAM
IN EARLY CARE AND EDUCATION

Bright from the Start: Georgia Department of Early Care and Learning is proud to support and encourage Georgia's early care and education professionals through the DECAL Scholars programs. These innovative programs help create a high quality, stable early care and education workforce that benefits families, contributes to the state's economy, and helps prepare Georgia's young children for success in school.



SCHOLARSHIPS is Georgia's statewide educational assistance program for early care and education professionals pursuing credentials or degrees in early childhood education. **CDA Pathways SCHOLARSHIPS** supports students going through the CTAE Early Childhood Care and Education Pathway.

TO BE ELIGIBLE:

- ✓ You must be a United States citizen, legal permanent resident, qualified alien or non-immigrant.
- ✓ You must have a Georgia Professional Development (GaPDS) profile with the name of your current employer (if applicable) and a Pending or Active status. Visit gapds.dec.al.ga.gov for more information.
- ✓ You must have completed the CTAE Early Childhood Career Pathway program in the last 12 months.

Personal Information (Please print):

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

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

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____ Date of Birth: _____

Social Security Number: _____ E-mail: _____

OFFICE USE ONLY	Gender:	Race:	Ethnicity: (any race)
	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> White <input type="checkbox"/> Black / African-American <input type="checkbox"/> Asian <input type="checkbox"/> Native American / Alaskan Native <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Bi- / Multi-Racial <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Not Hispanic / Latino

High School Information:

Name of High School: _____ School District: _____

Early Childhood Education Instructor Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: () _____

Rev 2/2019

All rules and eligibility requirements are subject to change without notification. Applications are updated when program revisions occur. Visit www.DECALscholars.com to download the most recent application or to apply online.

Your Employment Information (If working in an Early Childhood Setting)

Facility Name _____
 Facility Address _____ City _____ State _____ Zip _____ County _____
 Director's Name _____
 Job Title (mark all that apply): Asst. Teacher Teacher Asst. Director Director
 Are you a Georgia lottery-funded Pre-K teacher? Yes No A Head Start/Early Head Start teacher? Yes No
 Number of hours you work each week: _____ Your hourly wage: \$ _____
 Number of months/year you work: 9 10 12
 Number of months/year paid you work: 9 10 12
 You are paid: Weekly Bi-Weekly Bi-Monthly Monthly (circle one) Your date of hire: ____/____/____
 The # of children in your classroom: _____
 The ages of children in your class (check all that apply): Birth-1 1-2 2-3 3-4 4-5 5-12

As the **applicant's GDOE CTAE ECE Instructor**, I verify that the above employment information for this applicant is true and accurate.

Name (print): _____ Title (print): _____

Signature: _____ Date: _____

Sign and date the application:**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 Bright from the Start: 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 also understand and agree that my personal information may be shared with the Georgia Professional Development System.

Applicant's Signature

Date

Required Documents

- A copy of your high school academic transcript.
- A copy of your CDA credential **Details** and **Profile** page reflecting a "Checkout" status.
- A copy of your Georgia Professional Development System profile reflecting your GaPDS number, the name of your current employer, and a "Pending" or "Active" status
- A copy of the **FRONT** and **BACK** of a secure and verifiable document (See page 4 for information)

DECAL Scholars Programs

c/o Care Solutions, Inc.

1117 Perimeter Center West, Suite W-300 Atlanta, GA 30338

support@DECALscholars.com

For information call 800-227-3410 or 770-642-6722.

www.DECALscholars.com



Georgia Department of Early Care and Learning



DECAL Scholars programs are managed by Care Solutions, Inc.

Affidavit for Lawful Presence Verification:

**Affidavit For Lawful Presence Verification
For
Bright from the Start: Georgia Department of Early Care and Learning
SCHOLARSHIPS**

By executing this affidavit under oath, as an applicant for a SCHOLARSHIPS payment or for other public benefit as referenced in O.C.G.A. §50-36-1(a)(3)(A), I hereby swear and affirm that the following is true and correct with respect to my application for a SCHOLARSHIPS payment from Bright from the Start: Georgia Department of Early Care and Learning.

Name of Person Receiving Benefit: _____

Check only ONE of the following:

- 1) _____ I am a United States citizen 18 years of age or older.
- 2) _____ I am a legal permanent resident of the United States, 18 years of age or older.
(You must submit a copy of the FRONT and BACK of your Legal Permanent Resident card).
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older, with an alien registration number issued by the Department of Homeland Security or other federal immigration agency
(You must submit a copy of the FRONT and BACK of your Alien Registration Receipt card).

My alien registration number issued by the Department of Homeland Security or other federal immigration agency is: _____ **(Required if #2 or #3 is checked).**
(You must submit the FRONT and BACK of your LPR/QA card).

I also verify I am providing **A COPY OF THE FRONT AND BACK** of at least one secure and verifiable document, as required by O.C.G.A. Sec. 50-36-1(e)(1), with this affidavit. **A complete list of acceptable documents is on page 8 of this application.**

The **FRONT AND BACK** of the secure and verifiable document I am providing with this affidavit is:

(Identify the document, such as driver's license, birth certificate if last name is still the same, permanent resident card, etc.)

In providing the above information under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit in any matter within the jurisdiction of any department or agency of state government shall be guilty of a violation of O.C.G.A. §16-10-20 and face criminal penalties as allowed by such criminal statute.

Signature of Applicant

Date

Printed Name:

Printed Address: _____
Mailing Address

City

State

Zip

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE
____ DAY OF _____, 20____

Notary Public

My Commission Expires: ____/____, 20____

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2*Issued August 1, 2012 by the Office of the Attorney General, Georgia*

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- **A driver’s license** issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, providing that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A United States passport or passport card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An original or certified copy of a birth certificate** issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A United States Permanent Resident Card or Alien Registration Receipt Card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A United States military identification card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An identification card** issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, providing that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A tribal identification card** of a federally recognized Native American tribe, provided it contains a photograph of the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre?BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An Employment Authorization Document** that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A passport issued by a foreign government** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A Merchant Mariner Document or Merchant Mariner Credential** issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A Free and secure Trade (FAST) card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A NEXUS card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A driver’s license issued by a Canadian government authority** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A Certificate of Citizenship** issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A Certificate of Naturalization** issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **Certification of Report of Birth** issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **Certification of Birth Abroad** issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **Consular Report of Birth Abroad** issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]



Georgia Department of Early Care and Learning

If you have any questions,
call 800-227-3410 or 770-642-6722
www.DECALscholars.com
support@DECALscholars.com



DECAL Scholars programs are managed by Care Solutions, Inc.