Applicants Must Complete This Page

	I am applying for AWARDS for Early Educators for the following credential or degree:						
	1st	□ CDA or □ TCC	Earned Date	/	_/	Name of Institution	
	2 nd	☐ TCD or ☐ AAS	Earned Date	/	_/	Name of Institution	
	3 rd	□BA or □MA	Earned Date	/	_/	Name of Institution	
The Following Documentation Must Be Submitted With Your Application:							
☐ A copy of your valid CDA credential or a copy of your official transcript. See Frequently Asked Questions on							
page 2, question #7.							
A copy of two recent pay stubs reflecting the name of your employer, your name, and your gross (before deductions) wages. Family child care learning home providers and owners who do not pay themselves W2 wages							
submit a copy of last year's Schedule C or other federal tax form documenting net business income							
☐ 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. See page seven for more information.							
☐ Your completed and notarized Affidavit for Lawful Presence Verification (page five) and a copy of the FRONT and							
BACK of a secure and verifiable document (see page six for information)							
Applicant's Signature Tatement of Affirmation: Read carefully before signing and dating. (applicant's name) attest that all of the information appearing on this application and in supporting documentation is true to the best of my nowledge. 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 iolation 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 may 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: The number shown on this form is my correct taxpayer identification number (social security number or I am waiting to be issued to me); and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue ervice (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 nonger subject to backup withholding; and I am a U.S. citizen or other U.S. person (defined below); and I understand I am being paid as an "individual" in regards to tax status; and The (FACTA) code(s) entered on this form (if any) indicating I am exempt from FACTA reporting is correct							
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Awards will be issued on a first come, first serve basis. <u>Completed</u> applications will be processed in the order they are received. An application will not be considered complete until <u>ALL</u> supporting documentation is received.							

Submit your completed application and supporting documentation to

DECAL Scholars Programs

c/o Care Solutions, Inc. 1117 Perimeter Center West, Suite W-300 Atlanta, GA 30338 support@DECALscholars.com Fax 678-822-5272

AWARDS for Early Educators is funded by

Georgia Department of Early Care and Learning through the federal Child Care and Development Fund.

If you have any questions, call 800-227-3410 or 770-642-6722.

www.DECALscholars.com





DECAL Scholars programs are managed by Care Solutions, Inc.