

CDA Training POWER-ED

Providing Our Workforce Essential Recognition for Educational Development (POWER-ED) is a program that distributes wage supplements to early childhood educators as they attain higher educational credentials utilizing DECAL Scholars programs. CDA Training Scholarships POWER-ED wage supplements are available for CDA Training Scholarships approved applicants to apply to.

Approved DECAL Scholars CDA Training Scholarships recipients can apply to receive \$1,000 supplements for each 200-hour stage of obtaining their CDA, for up to 3 supplements of \$1,000:

- Stage 1: 200 hours
 120 clock hours of CDA training + first 80 hours of work experience
- Stage 2: 200 additional hours 280 ongoing total hours of work experience
- Stage 3: 200 additional hours
 480 ongoing total hours of work experience + CDA credential earned from the CDA Council

Applications can be completed and returned to support@decalscholars.com. Mailed-in applications will not be accepted.

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.*

^{*}Applicants can apply for the first payment and second payment together, if 120 hours of CDA training is complete and 280 total work experience hours have been earned. Applicants can apply for first, second, and third payment together, if CDA training is complete, 480 total work experience hours have been earned, and their CDA credential has been earned.



Applicant to Complete this Section:

Name:	pears on your social security card)	County of Residence:		
Mailing Address:				
City:			Zip:	
Cell Phone: ()	E-mail:			
Social Security Number:			/ /	
Gender: Female Male Non-binary I prefer not to answer Other:	Race: White Black / African-Americ Asian Native American / Ala Native Hawaiian / Pac Bi- / Multi-Racial Other:	skan Native	Ethnicity: Hispanic/Latino Not Hispanic/Latino	
Applicant to Sign this STATEMENT OF AFFIRMATION will not be processed.)N: Read carefully before			
of the information appearing of my knowledge. I understand application or in supporting domay prevent me from future papers and initiative application or in supporting doproceedings. I authorize any averify this information and relevantees the IRS to report the income of information may be shared with	, (applicant's in this application and in some that any false or incomposition and in some that any false or incomposition in any DECAL articipation in any DECAL articipation of gent or employee of Georgese it to any necessary pend awarded funds, I may in my tax return. I also under the Georgia Profession	name), under penalty supporting documents lete information knows to be denied particip Scholars programs altionally providing fals state law and may resigia Department of Eal arty for my considerate lerstand and agree the ald Development Systems.	of perjury, attest that all ation is true to the best vingly provided on this ation in this program and other DECAL e information on this sult in civil or criminal rly Care and Learning to tion in this program. I m and am required by at my personal m.	
☐ I wish to apply for the POV	VER-ED workforce supple	ment.		
Applicant's Signature		 Date		



CDA Experience Verification Page

CDA applicants can accumulate the 480 required hours of experience while working or volunteering in a child care program. The CDA applicant must gain the experience with the age group and setting that matches the type of credential the CDA applicant is hoping to earn.

Facility Name:									
Scholarships Recipient Name: _									
CDA Trainer Name:									
CDA Credential Type and Settin	ng:								
Age Group Experience was Completed In:									
DATE	TIME IN	TIME OUT	TEACHER INITIALS						
	DO ON THE OL								
TOTAL SUM OF HOU	RS ON THIS SH	EEI		•					
See attached timeshee	ts from (date)	_/ to _	//						
I verify that the above information is tr form or in supporting documents may Scholars programs. I understand that i result in civil or criminal proceedings. I release it to any necessary party for m	ue to the best of my knowle be grounds to be denied pa intentionally providing false I authorize any agent or em	edge. I understand that any fal articipation in this program and tinformation on this form or ir ployee of Georgia Department	se or incomplete information k d may prevent me from future ; s supporting documents is a vic	participation in any DECAL plation of state law and ma					
Applicant Name		Applicant Signature		Date					
CDA Experience Observer Name (For example: your director)		CDA Experience Observer Signature (For example: your director)		Date					