

# 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](mailto: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](mailto: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: \_\_\_\_\_ 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:**

- Female
- Male
- Non-binary
- I prefer not to answer
- Other: \_\_\_\_\_

**Race:**

- White
- Black / African-American
- Asian
- Native American / Alaskan Native
- Native Hawaiian / Pacific Islander
- Bi- / Multi-Racial
- Other:

**Ethnicity:**

- Hispanic/Latino
- Not Hispanic/Latino

**Applicant to Sign this Section:**

**STATEMENT OF AFFIRMATION:** Read carefully before signing and dating. Unsigned applications will not be processed.

*I \_\_\_\_\_, (applicant's name), under penalty of perjury, 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 and other DECAL programs, grants and initiatives. 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 may 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.*

I wish to apply for the POWER-ED workforce supplement.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

