



2017 Training Scholarship Application

June 21-22, 2017

Embassy Suites, 4955 Kyngs Heath Road., Kissimmee, FL 34746

Reminder: Hotel room reservations (800-551-1841) must be made by May 27th.



Registration Fee: Varies (\$55, \$75 & \$85 scholarships available)

To qualify for a pre-conference training scholarship, recipient must be a FFCCHA member and a Florida licensed or registered provider or co-provider. Applications will be accepted on a first come, first serve basis.

Please submit your application, no later than May 7, 2017

Only completed forms with **payment to FFCCHA for each** scholarship requested will be accepted. No Refunds.

Forms will be dated as received, in case we exceed the allotted amount of scholarships available.

You will be notified by June 1, 2017 as to your acceptance.

A separate application must be completed for each scholarship requested.

Select with a check mark which training you are requesting a scholarship for:

Select	DATE	TIME	TRAINING TITLE	FEE	Scholarship	PAY
	Wed. 6/21	8:00 am – 5:00 pm	ME! Mentoring Essentials*	\$85	\$75	\$10
		9:00 am – 5:00 pm	Never Kiss an Alligator**	\$65	\$55	\$10
		10:00 am – 5:00 pm	Igniting the STEM Spark!	\$175	\$85	\$90
	Thurs 6/22	8:00 am – Noon	Mentor 1 Certification*	\$85	\$75	\$10
		8:00 am – Noon	Creating Responsive Environments for IT2	\$65	\$55	\$10
		8:00 am – Noon	Early Learning Home Environments	\$65	\$55	\$10
		1:00 – 5:00 pm	Square Foot & Container Gardening	\$65	\$55	\$10
		1:00 - 5:00 pm	Creating Meaningful Routines/Experiences	\$65	\$55	\$10
		1:00 – 5:00 pm	Discover the Magic of Color	\$65	\$55	\$10

* This is the 12-hr training for Mentor I certification, must attend both days. Pre-qualifying application required for certification.

** The training certificate is for 2 clock hours with option to stay until 5pm.

Name: _____ Chapter: _____

Address: _____ City: _____ Zip: _____

County: _____ Phone: _____ Cell: _____

Fax #: _____ E-Mail: _____

Please explain in 50 words or more why you want this training scholarship: (Requirement)

PLEASE READ THE FOLLOWING STATEMENT ---- SIGN AND DATE!

I, the undersigned, do hereby state:

- * The above information is correct to the best of my understanding.
- * I am a current member of FFCCHA, Inc. and a Florida __licensed __registered or __Co-provider
- * I understand if I do not **attend** the pre-conference training that I have been given a scholarship, I will be responsible for the full cost of the training.

Signature: _____ Date: _____

If you need an accommodation because of a disability to participate in the child care training process; contact Karla Carnes at least two weeks prior to the first training date at (904) 781-4495 between the hours of 8:00 am and 5:00 pm. Calls can be received Monday through Friday.

Mail this completed form (full page) to FFCCHA - Karla Carnes, 1165 Cahoon Rd. S., Jacksonville, FL 32221

All pre-conference scholarships go quickly. So don't be left out! Send in completed form today!

Returned checks will be assessed a \$47 fee in addition to the amount of the check.

Office Use Only: Date rec'd: _____ Regulation type: _____ Membership Expiration: _____