



**Volunteer Application for
Scholarships for 2017 Conference Registrations
"Enhancing Our Minds...In 2017"**

June 21-25, 2017

NEW Location: Embassy Suites, 4955 Kyngs Heath Rd, Kissimmee, FL 34746



Approved applicants applying for a partial scholarship will be required to volunteer 3 hours.

Volunteer Qualifications/Requirements:

1. Be a current **provider member of FFCCHA** (keep valid thru June 30) operating as a **FL registered or licensed provider** ----Or be a current **Co-provider member of FFCCHA** (keep valid thru June 30) verify membership: amandawallace42@bellsouth.net
2. Complete and submit this scholarship form along with the **\$30.00 fee--NO Refunds**. Returned checks assessed a \$47 fee.
3. **Attend a volunteer orientation before going to conference:** check only one
 ___ **Saturday** (English and Spanish orientations) at the **April** (Date TBA) **Full Board meeting** in Ocala, **select your own volunteer times – only at this on-site meeting (EVERYONE is encouraged to attend this face-to-face orientation!)**
 ___ **May 16**(Tue) or **18**(Thur) both in English at 7:00 PM via **phone conference call** (call details emailed to you in May)
 ___ **May 19**(Fri) or **22**(Mon) in **Spanish only** at 7:00 PM via **phone conference call** (call details emailed to you in May)
 ___ **May 23**(Tue) in English for **NEW First-Time hostesses only** at 7:00 PM via **phone conference call** (details in May)
4. **Attend** the entire conference day(s) that you applied for. Turn in a **completed conference evaluation**.
5. **Wear** a **white blouse** with **black skirt or pants** when serving your 3 volunteer hours. (no tank tops or shorts)
6. **Sign-in** at conference and **fulfill your 3 hour volunteer duties as assigned**, return hostess paper, **and sign-out**.

Only a **completed form** submitted with a **\$30.00** check or money order made **payable to FFCCHA** will be accepted.

Or pay with credit card on-line on FFCCHA website: www.familychildcare.org

Mail to: FFCCHA Volunteers, c/o Connie Foster, 164 Poplar Drive, Interlachen, FL 32148

Deadline: April 30, 2017

Qualifying applications will be dated as received and **selected on a first come, first serve basis** until all scholarships have been awarded. All providers will be notified when received as to their acceptance status.

All applications received by the April FB meeting will be entered in a drawing for a prizes!

Select the Type of Registration you are applying for: Full conference (Thur pm/Friday/Saturday/Sun am)

Friday conference (8am-5pm only) Saturday conference (8am-5pm only) Saturday-Sunday conference

Print Clearly:

Name: _____ **Primary Language:** _____ **Secondary Language:** _____

Address: _____ **City:** _____ **Zip:** _____

County: _____ **Local Chapter:** _____

Phone: _____ **Cell:** _____ **E-Mail:** _____

Name of FCC Home _____ **Is this your first conference?** _____

Check all that apply: Registered Licensed Large Licensed VPK NAFCC Accredited NAFCC Observer CDA
 EHS (Early Head Start) FFCCHA MENTOR Director Credential College Degree, Type _____

Please rate your first 1st and 2nd preferences in volunteering (however, no guarantees)

___ English workshop hostess ___ Fundraising Table worker ___ Set-up Thur 2-5p ___ Provider Celebration Sat night
 ___ Spanish workshop hostess ___ Registration Table worker ___ Clean-up Sat 5pm ___ other _____

You must write 50 words or less on how receiving a scholarship to this conference will benefit your child care.

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

I, the undersigned, do hereby state: _____ check one below:

- * I am a current Florida family child care **member** of FFCCHA, Inc. ___ **registered** ___ **licensed** ___ **co-provider**
- * I understand that **if I do not attend** the conference or **fulfill** my three hours as a volunteer, my scholarship will be voided and **I will be responsible for the full cost of my registration**.
- * All of the above information is correct.

Signature _____ **Date:** _____

If you need an accommodation because of a disability in order to participate in the child care training process; contact, Tammy Tener, Executive Director at least two weeks prior to the first training date at 407-234-3473 between 8:00 am and 6:00 pm. Calls can be received Monday - Friday.

Questions? Contact Connie Foster at (386)684-1235, e-mail: cfoster206@aol.com or fax (386)684-2345

Conference scholarships go quickly. So don't be left out! Send completed form today!

Office use only: Ck# _____ Received date: _____ Verified membership/expiration date: _____