



FFCCHA Credential Scholarship Application

Requirements: Must be a Florida regulated Family Child Care Provider and a FFCCHA chapter provider member for one year without a lapse in membership



Applying for: \$____ \$50 \$160 \$250 \$300

- | | | |
|---|---|--|
| <input type="checkbox"/> Master Provider – New | <input type="checkbox"/> Cuatro Pasos | <input type="checkbox"/> NAFCC New Accreditation: Self Study |
| <input type="checkbox"/> Master Provider Renewal | <input type="checkbox"/> Second Helping | <input type="checkbox"/> NAFCC New Accreditation: Application |
| <input type="checkbox"/> Certified M.E.N.T.O.R. 1 | <input type="checkbox"/> Sec. Help. T-T-T | <input type="checkbox"/> NAFCC Accreditation Annual Up-date |
| <input type="checkbox"/> Certified M.E.N.T.O.R. 2 | <input type="checkbox"/> SH Renew T-T-T | <input type="checkbox"/> NAFCC Re-Accredit Application |
| <input type="checkbox"/> NAFCC Observer Refresher | <input type="checkbox"/> NAFCC Observer | <input type="checkbox"/> NAFCC Accreditation Train-the-Trainer |

Note: \$300/person/year is the maximum awarded in time period July 1, 2017 – June 30, 2018. Therefore, you must commit to pay the balance on credentials that exceed \$300.

Name: _____ Email: _____

Name on Family Child Care License: _____

Mailing Address: _____

City: _____ Zip: _____ County: _____

Phone: _____ Fax: _____ Cell: _____

Check all that apply: Registered Licensed Large Licensed VPK CDA NAFCC Accredited since _____

Local FFCCHA Chapter: _____ Area: # _____

Name of Chapter President: _____

How long have you been a member of your local chapter? _____

List current leadership roles or participation in your chapter: _____

List current leadership roles or participation in FFCCHA: _____

How long have you been a full time family child care provider? _____

List other child care related experience: _____

What are your future plans in family child care? _____

Briefly explain how receiving this scholarship will benefit you, the children, your parent clients, and/or other providers: _____

If the credential applied for exceeds \$300, how do you plan to pay for the balance? _____

Do you agree to sign a contract to return the awarded money, if you fail to meet the scholarship purpose within an agreed upon deadline? Yes No

Please **submit this application along with 2 letters of recommendation** from any of the following:

Child Care Agency, Early Learning Coalition, local FFCCHA Chapter, current parent/client from your FCC home,

Food Program sponsor, Training Instructor, Licensing, Community or State College. Also include a copy of your

current **NAFCC** Membership Card.

FFCCHA Scholarships, 9207 Edgemont Lane, Boca Raton, FL 33434

All correspondence is by e-mail, so make sure your email is valid and check it often after applying.

Questions? Please call Abbie Bill at 561-482-6038 or e-mail her at aright933@aol.com

Office verification:

Regulation _____ Chapter _____ Member since _____ FFCCHA _____ NAFCC _____

Application Revised 7-2017