



# Volunteer Application for Scholarships for 2019 NAFCC Conference Registrations

June 19-22, 2019

Rosen Shingle Creek, 9939 Universal Blvd., Orlando, FL 32819

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



### Volunteer Qualifications/Requirements:

1. A current **provider member of FFCCHA and NAFCC** (keep valid thru June 30, 2019) operating as a **FL registered or licensed provider** OR a current **Co-provider member of FFCCHA and NAFCC** (keep valid thru June 30, 2019)
2. Complete & submit this scholarship form along with balance of the fee. **NO Refunds.** Returned checks assessed a \$47 fee.
3. **FFCCHA will register all qualifying applicants with NAFCC** (check out the brochure on -line at www.nafcc.org)
4. **Attend a volunteer orientation via a conference call or webinar in June – exact date to be announced.**
5. **Attend** the entire day(s) of conference and turn in a **completed** conference **evaluation.**
6. **Dress professional** when serving your 3 volunteer hours (no tank tops, shorts, jeans or very short skirts/dresses).
7. **Sign-in** at conference and **fulfill your 3 hour volunteer duty as assigned**, return hostess papers, **and sign-out.**

Only a completed full page form submitted with a check or money order made **payable to FFCCHA** will be accepted.

**Mail to:** FFCCHA/NAFCC Volunteers, c/o Karan Hiester 1859 Mango Tree Dr., Edgewater, FL 32141

**DEADLINE: April 15, 2019**

Qualifying applications will be dated as received and **selected on a first come, first serve basis** until all scholarship funds have been awarded. All applicants will be notified of their acceptance status via email.

### Select the Type of Registration you are applying for:

Full conference (Thurs-Sat) \$129 of \$229, you pay only \$100     Sat conference only, \$104 of \$175 you pay \$71

**Please Print:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Local Chapter:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

### Please rate your first 1<sup>st</sup> and 2<sup>nd</sup> preferences in volunteering (however, no guarantees)

\_\_\_ English workshop hostess    \_\_\_ FFCCHA Fundraising Table worker    \_\_\_ FFCCHA Display Setup    \_\_\_ Greeters/Hotel Guides  
\_\_\_ Spanish workshop hostess    \_\_\_ Opening Exhibit - Thurs night    \_\_\_ Opening Keynote    \_\_\_ Fri Keynote    \_\_\_ Sat. Keynote

**Please Print:**

**You must write a minimum of 30 words** on how receiving a scholarship will benefit your child care program.

---

---

---

---

---

### 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 **provider member** of FFCCHA, Inc. \_\_\_ **registered** \_\_\_ **licensed**  
Or a current **co-provider member** of FFCCHA, Inc. **and a member of NAFCC.**

\* 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. **(Policy will be upheld!) Invoice for Full Registration Fee will be mailed to you!** You will not be a member in good standing until full payment is made. Returned check fee is \$47.

\* I have written (minimum of 30 words) above about how this conference will benefit my child care program.

\* 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, Karan Hiester, Conference Coordinator at least two weeks prior to the first training date at 386-689-3046 between the hours of 2:00 pm—3:00 pm or 6:00 pm and 8:00 pm. Calls can be received Monday through Friday.*

**Questions? Contact Karan Hiester** at cell:(386) 689-3046 or e-mail: educate71@gmail.com

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

Office use only: Ck# \_\_\_\_\_ Received date: \_\_\_\_\_ Verified memberships: F \_\_\_\_\_ N \_\_\_\_\_