

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 and NAFCC (keep valid thru June 30, 2019) 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 22, 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 y	ou are applying for:				
Full conference (Thurs-Sat)	\$149 of <i>\$229</i> , you pay only \$80	Sat Conference only, \$3	L 25 of <i>\$17</i>	5 you pay \$50	
NOTE: A separate ap	plication must be completed for each Pl	RE-Conference scholarsh	ip request	ed (you pay\$10 each)	
Link for	description of Pre Conference Workshop	os: https://www.nafcc.o	rg/preCon	<u>ference</u>	
	ip Day WED 6/19 8am-12pm Advocac Understanding Uniqueness of FCC Ne				Taxes
WED 6/19 1pm-5pmEffectivel	y Use Contracts & Policies The Decline rning Home Tour 2		•	_	REE)
	ly Learning Home Tour 3 FRI 6/21 10	D:30am-3pm Early Lear	ning Home	Tour 4	
Please Print:			-		
Name:		Phone:			
Address:		City:		Zip:	
County:		Local Chapter:			
Cell:	E-Mail:	Attending:	Tribute	Luncheon	
Please rate your first 1st and 2nd pre	ferences in volunteering (however, no guar	antees)			
English workshop hostess	FFCCHA Fundraising Table worker _	FFCCHA Display Setup	Greete	rs/Hotel Guides	
Spanish workshop hostess	Opening Exhibit - Thurs night	Opening Keynote	Fri Key	noteSat. Keynote	
Please Print:					
You must write a minimum of 30 w	ords on how receiving a scholarship will ben	efit your child care progran	١.		
PLEASE READ THE FOLLOWING STATE	TEMENT SIGN AND DATE!				
I, the undersigned, do hereby state:		heck one below:			
•	e provider member of FFCCHA, Inc register	ed licensed			
Or a current co-provider member of F			and an electrical	harman and harman fall and	
	e conference or fulfill my three hours as a volunte ice for Full Registration Fee will be mailed to you			•	
check fee is \$47.	ice for rull Registration ree will be mailed to you	: Tou will not be a member in	goou stanuin	g until full payment is made. N	eturnet
•	above about how this conference will benefit my	child care program.			
 The above information is correct. 	•	1 5			
Signature:			Date:		
	ecause of a disability in order to participate in the	child care training process; co	ntact, Karan	Hiester, Conference Coordinato	r
at least two weeks prior to the f	irst training date at 386-689-3046 Monday throug	h Friday between the hours of	2:00 pm—3:	00 pm or 6:00 pm and 8:00 pm.	
Question	ns? Contact Karan Hiester at cell: (386) 6	589-3046 or e-mail: <u>educ</u>	ate71@gn	nail.com	

_____Membership Expiration: FFCCHA ____ / ____NAFCC___

_ Regulation type: ____