

Requirements: Must be a Florida regulated Family Child Care Provider and a FFCCHA chapter provider member



	Applying for: L	」 \$ □ \$160 □ \$	\$315 \ \$525	
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Note: \$600/pe	rson/year is the maxir	mum awarded in time p	eriod July 1, 2019 –	June 30, 2020.
Name:		Email:		
Name on Family Child Ca	are License:			
Mailing Address:				
City:		Zip:	_County:	
Chock all that apply:	Fax	.: □Large Licensed □VI	Cell:	Accredited since
Local FFCCHA Chapter: _				
Name of Chapter Preside				/iica.
How long have you been		cal chapter?		
List current leadership ro				
List current leadership ro	oles or participation in			
How long have you been List other child care relat				
What are your future pla	ans in family child care			
Briefly explain how recei providers:	_	-		lients, and/or other
Do you agree to sign a co		awarded money, if you 1 No	fail to meet the scho	plarship purpose within
ALL correspondent	e Agency, Early Learning on sponsor, Training In Also include a copy CCHA Scholarships, S ce is by e-mail, so mal	ng Coalition, local FFCCI structor, Licensing, Con of your current NAFCC 9207 Edgemont Lane, ke sure your email is va	HA Chapter, current nmunity or State Co Membership Card. Boca Raton, FL 33 lid and check it ofte	parent/client from your llege. 3434 n after applying.
Questions? Plo	ease call Abbie Bill	at 561-482-6038 or e	-mail her at aright	933@aol.com
Office verification: RegulationCl Application Revised 5-2020	hapter	Member since	FFCCHA	NAFCC