



**Volunteer Application for  
Scholarships for 2020 Conference Registrations  
"Enhancing Our Minds...In 2020"**

**June 24-28, 2020**

**Sheraton Sand Key Resort, 1160 Gulf Blvd., Clearwater Beach, FL 33767**

*Approved applicants applying for a 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)
2. Complete and submit this scholarship form along with the **\$35.00 fee--NO Refunds**. Returned checks assessed a \$47 fee.
3. **Attend a volunteer orientation before going to conference:** check only one  
 \_\_\_ **Saturday, April 18** (English and Spanish orientations) at the Full Board meeting in Ocala, **select your own volunteer times – only at this on-site meeting**  
 \_\_\_ **May 19 or 21** (both in English) at 7:00 PM via **phone conference call** (call details emailed to you in May)  
 \_\_\_ **May 26** (Tuesday) **in Spanish only** at 7:00 PM via **phone conference call** (call details emailed to you 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 completed forms submitted with a **\$35.00** check or money order made **payable to FFCCHA** will be accepted.

**Mail to:** FFCCHA Volunteers, Lesia Crichlow, 5748 Gulf Club Pkwy. Orlando, FL 32808

**Deadline: April 18, 2020** 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 deadline** will be entered in a drawing for a prize.

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

- Full conference (Thur pm-Fri-Sat-Sun am)     Sat conference 8am-5pm only     Sat-Sun am 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*)  Director Credential  College Degree, Type \_\_\_\_\_

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

- |                              |                               |                      |                                    |
|------------------------------|-------------------------------|----------------------|------------------------------------|
| ___ English workshop hostess | ___ Fundraising Table worker  | ___ Set-up Thur 2-5p | ___ Provider Celebration Sat 7-9pm |
| ___ Spanish workshop hostess | ___ Registration Table worker | ___ Clean-up Sat 5pm | ___ Sunday breakfast 8am           |

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

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**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 full 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 Lesia Crichlow (407) 722-4002 or via email: [brightkidsacademy@outlook.com](mailto:brightkidsacademy@outlook.com)**  
**Conference scholarships go quickly. So don't be left out! Send completed form today!**

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