



FFCCHA Credential Scholarship Application

Requirements: Must be a Florida Licensed Family Child Care Provider,
a FFCCHA chapter provider member and NAFCC member.



Applying for: \$160 \$315 \$325 \$_____

- NAFCC New Accreditation: Self Study
- NAFCC New Accreditation: Application
- NAFCC Accreditation: Update
- NAFCC Re-accreditation: Application

Note: \$600/person/year is the maximum awarded in time period July 1, 2021 – June 30, 2022.

Name: _____ Email: _____

Name on Family Child Care License: _____

Mailing Address: _____

City: _____ Zip: _____ County: _____

Phone: _____ Fax: _____ Cell: _____

Check all that apply: 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: _____

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 (dated within past 6 mos.)** from any of the following: Child Care Agency, Early Learning Coalition, local FFCCHA Chapter, FFCCHA Certified Mentor, 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 OR receipt of purchase.

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 561-445-7333 or e-mail her at aright933@aol.com

Office verification:

Regulation _____ Chapter _____ Member since _____ FFCCHA _____ NAFCC _____

Application Revised 7-2021