



Volunteer Application for Scholarships for 2022 Conference Registrations "Enhancing Our Minds...In 2022"

June 22-26, 2022

Sheraton Sand Key Resort, 1160 Gulf Boulevard, 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
 ___ TBA (English and Spanish orientations) at the Full Board meeting in Ocala, **select your own volunteer times – only at this on-site meeting – check for on-site or virtual details**
 ___ May TBA (both in English) at 7:00 PM via **ZOOM/phone conference call** (call details emailed to you in May)
 ___ May TBA in Spanish only at 7:00 PM via **ZOOM/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, **Robin Dean 3709 Casaba Loop, Valrico, FL 33596**

Deadline: April 30, 2022 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.

Select the Type of Registration you are applying for:

- Full conference (Thur pm-Fri-Sat-Sun am) Friday conference (8am-5pm only)
 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 1st and 2nd 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 ___ other _____

You must write 30 words or less on how receiving a scholarship to this conference will benefit your child care.

PLEASE READ THE FOLLOWING STATEMENT ---- SIGN AND DATE!

I, the undersigned, do hereby state: _____ check one below:

- * I am a current Florida family childcare **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 Robin Dean at (813) 205-4432 or via e-mail: NanasLearningPost@gmail.com
Conference scholarships go quickly. So, don't be left out! Send completed form today!

Office use only: Cash/Ck# _____ Received date: _____ Receipt# _____ Verified membership/expiration date: _____