



2022 Training Scholarship Application

June 22-23, 2022

Sheraton Sand Key Resort

1160 Gulf Blvd. Clearwater Beach, FL 33767

Reminder: Hotel room reservations (727-595-1611) must be made by **May 19th**



Registration Fee: Varies (\$59, \$69 & \$79 scholarships available)

To qualify for a pre-conference training scholarship, recipient must be a FFCCHA member and a Florida licensed or registered provider or co-provider. Membership **must** be valid through June 30, 2022.

Applications will be accepted on a first come, first serve basis.

Please submit your application, no later than May 1, 2022

Only completed forms with **payment to FFCCHA for each** scholarship requested will be accepted. No Refunds.

Forms will be dated as received, in case we exceed the allotted amount of scholarships available.

You will be notified by May 15, 2022 as to your acceptance.

A separate application must be completed for each scholarship requested.

Select with a check mark which training you are requesting a scholarship for:

Select	DATE	TIME	TRAINING TITLE	FEE	Scholarship	PAY
	Wed. 6/22	8:00 am – 5:00 pm	ME! Mentoring Essentials* Part I	\$89	\$79	\$10
		10:00 am - 5:00 pm	Body Brain Learning	\$79	\$69	\$10
	Thurs 6/23	8:00 am – 5:00 pm	Second Helping Module 1 The Provider	\$89	\$79	\$10
		8:00 am - Noon	Mentor 1 Certification*Part 2	\$89	\$59	\$10
		8:00 am – Noon	In Honor of Eric Carle	\$69	\$59	\$10
		1:00 – 5:00 pm	Sensational Sensory Play	\$69	\$59	\$10
		1:00 – 5:00 pm	Tea Parties Teach	\$69	\$59	\$10
		1:00 - 5:00 pm	Building Brains with Music	\$69	\$59	\$10

** This is the 12 hr training for Mentor I certification, must attend both days. Pre-qualifying application required for certification.*

Name: _____ Chapter: _____

Address: _____ City: _____ Zip: _____

County: _____ Phone: _____ Cell: _____

Fax #: _____ E-Mail: _____

Please explain in a minimum of 30 words why you want this training scholarship: (Requirement)

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

I, the undersigned, do hereby state:

- * The above information is correct to the best of my understanding.
- * I am a current member of FFCCHA, Inc. and a Florida __licensed __registered or __Co-provider
- * I understand if I do not **attend** the pre-conference training that I have been given a scholarship, I will be responsible for the full cost of the training.

Signature: _____ Date: _____

If you need an accommodation because of a disability to participate in the child care training process; contact Jennifer Richards at least two weeks prior to the first training date at (386) 846-9567 between the hours of 8:00 am and 5:00 pm. Calls can be received Monday through Friday.

Mail this completed form (full page) to: FFCCHA – Jennifer Richards, 1119 Ginsberg Dr., Daytona Beach, FL 32114

All pre-conference scholarships go quickly. So don't be left out! Send in completed form today!

Returned checks will be assessed a \$47 fee in addition to the amount of the check.

Questions? Email: jjrichards23@gmail.com

Office Use Only: Date rec'd: _____ Regulation type: _____ Membership Expiration: _____