



# Volunteer Application for Scholarships for 2023 Conference Registrations "Enhancing Our Minds...In 2023"

June 21-25, 2023

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 30,2023) operating as a **FL registered or licensed provider** ---Or be a current **Co-provider member of FFCCHA** (keep valid thru June 30, 2023)
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 spring Full Board meeting in person, **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** an Orange Apron (supplied by FFCCHA) over your attire when serving your 3 volunteer hours. (no tank tops or short shorts)
6. **Sign-in** at conference and **fulfill your 3-hour volunteer duties as assigned**, return hostess paper, **and sign-out**.

**Payment options: online credit card payment, check or money order payable to FFCCHA**

**Mail to: FFCCHA Volunteers, Abbie Bill, 9207 Edgemont Lane, Boca Raton, FL 33434**

**Deadline: April 30, 2023** 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)**     **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 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 7-10pm  
 \_\_\_ 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.

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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 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 childcare 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 Abbie Bill at (561) 445-7333 or via e-mail: [registration@familychildcare.org](mailto:registration@familychildcare.org)**

Other contacts: [conference@familychildcare.org](mailto:conference@familychildcare.org) or [info@familychildcare.org](mailto:info@familychildcare.org)

**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: \_\_\_\_\_