



# 2024-2025 FFCCHA Credential Scholarship Application



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

Applying for:  \$200  \$385  \$615  \$\_\_\_\_\_

- NAFCC Accreditation Quality Ambassador Certified Trainer
- NAFCC Accreditation Observer Training
- NAFCC New Accreditation: Self Study \$385
- NAFCC New Accreditation: Application \$615
- NAFCC Accreditation: 18-month Update \$200
- NAFCC Re-Accreditation: Application \$615

*Note: \$950/person/year is the maximum awarded in time period July 1, 2024 – June 30, 2025.*

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 application via email** (put your name in subject line) **to: credentialchair@familychildcare.org** Include a copy of your current **NAFCC Membership Card** OR receipt of purchase and copy of your **Child Care Home license** and **1 letter** of recommendation (dated within past 6 mos.) from any of the following: Child Care Agency, Early Learning Coalition, local FFCCHA Chapter, FFCCHA Certified Mentor, parent client from your FCC home, Food Program sponsor, Training Instructor, Licensing, Community or State College.

**ALL** correspondence is by e-mail, so make sure your email is valid and check it often after applying.

**Questions? Please call 561-445-7333, 407-234-3473 or e-mail credentialchair@familychildcare.org**

Office verification:

Regulation \_\_\_\_\_ Chapter \_\_\_\_\_ Member since \_\_\_\_\_ FFCCHA \_\_\_\_\_ NAFCC \_\_\_\_\_

Application Revised 9-2024