



# Volunteer Application for Scholarships for 2024 Conference Registrations "Enhancing Our Minds...In 2024"

June 26-30, 2024

Sheraton Sand Key Resort, 1160 Gulf Boulevard, Clearwater Beach, FL 33767

Approved applicants applying for a scholarship will be **required** to volunteer 3 hours.



[2024 Conference Volunteer Scholarship Form](#) [2024 Aplicación de Voluntarios de Becas para Conferencia](#)

### Volunteer Qualifications/Requirements:

1. Be a current **provider member of FFCCHA** (keep valid thru June 30,2024) operating as a **FL registered or licensed provider** Or be a current **Co-provider member of FFCCHA** (keep valid thru June 30, 2024)
2. Complete and **submit this scholarship form along** with the **\$50.00** fee.
3. **Attend** a virtual OR in-person volunteer **orientation before going to conference. Details will be emailed** after application has been received.
4. **Attend** the entire conference day(s) that you applied for and 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**.
7. Turn in a **completed** conference **evaluation**.

### Payment options:

online credit card payment <https://familychildcare.org/product-category/ffccha-conference/>

check or money order **payable to FFCCHA – NO Refunds**. Returned checks assessed a \$47 fee

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

**Deadline: April 30, 2024** 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 only ONE Type** of Conference Registration you are applying for (check ONE only):

Friday-Saturday-Sunday  Saturday-Sunday  Saturday Special(8am-5pm only)  Friday only(8am-5pm)

**Print with black or blue ink ONLY**

Name: \_\_\_\_\_ Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

Signature \_\_\_\_\_

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 \_\_\_\_\_

**How will receiving a scholarship to this conference benefit your child care? Only write on the lines below.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PLEASE READ THE FOLLOWING STATEMENT

\* I understand that **if I do not attend** the type of registration applied for above **or do not fulfill** my three hours as a volunteer, my scholarship will be voided, and **I will be responsible for the full cost of my registration**.

*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 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:

Online/Cash/Ck# \_\_\_\_\_ Received date: \_\_\_ / \_\_\_ / \_\_\_ Receipt# \_\_\_\_\_ Verified membership/expiration date: \_\_\_ / \_\_\_ / \_\_\_