



2026 Training Scholarship Application

For Pre-Conference June 24-25, 2026

Embassy Suites by Hilton

4955 Kyngs Heath Rd, Kissimmee, FL 34746

Reminder: Hotel room reservations (407-597-4000 group code CHA)

must be made by **May 26, 2026**

Registration: \$30 each [payment available online](#)



To qualify for a pre-conference training scholarship, recipient must be a FFCCHA member, and a Florida licensed or registered family child care provider or co-provider. Membership **must** be valid through June 30, 2026.

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

Please submit your application, no later than May 26, 2026

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 number of scholarships available.

You will be notified by June 6, 2026, 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:

Date		TRAINING TITLE	FEE	Scholarship	PAY
Wednesday, June 24, 2026	8:00 am - 5:00 pm	ME! Mentoring Essentials * Part 1	\$105	\$75	\$30
Thursday, June 25, 2026	8:00 am - Noon	ME! Mentoring Essentials * Part 2	\$105	\$75	\$30
	8:00 am - Noon	Author Study: The Whimsical World of Laura Numeroff	\$105	\$75	\$30
	10:00 am - 5:00 pm	Behavior Mastery: (Heart Centered Classroom Management)	\$150	\$120	\$30
	1:00 am - 5:00 pm	Author Study: The Imaginative Life and Works of Shel Silverstein	\$105	\$75	\$30
	1:00 pm - 5:00 pm	Teach & Sign: The Complete Program for Preschool Classrooms	\$105	\$75	\$30

To become a Certified Mentor 1, you must attend both days. Pre-qualifying application required for Mentor

Print clearly in black or blue ink ONLY

Name: _____ Chapter: _____

Address: _____ City: _____ Zip: _____

County: _____ Phone: _____ Cell: _____

Fax #: _____ E-Mail: _____

Please explain 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 FCCP __ 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 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 \$60 fee in addition to the amount of the check.

Questions? **Or Email form to:** jjrichards23@gmail.com

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