



# FFCCHA Credential Scholarship Application

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



Applying for: \$160 \$315 \$325 \$\_\_\_\_\_

- NAFCC New Accreditation: Self Study
- NAFCC New Accreditation: Application
- NAFCC Accreditation: Update
- NAFCC Re-accreditation: Application

*Note: \$600/person/year is the maximum awarded in time period July 1, 2020 – June 30, 2021.*

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 this application along with 2 letters of recommendation (dated within past 6 mos.)** from any of the following: Child Care Agency, Early Learning Coalition, local FFCCHA Chapter, current parent/client from your FCC home, Food Program sponsor, Training Instructor, Licensing, Community or State College.

**Also include a copy of your current NAFCC Membership Card OR receipt of purchase.**

**FFCCHA Scholarships, 9207 Edgemont Lane, Boca Raton, FL 33434**

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

**Questions? Please call Abbie Bill at 561-482-6038 or e-mail her at aright933@aol.com**

Office verification:

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

Application Revised 7-2020