



# FFCCHA Credential Scholarship Application

Requirements: Must be a Florida regulated Family Child Care Provider and a FFCCHA chapter provider member for one year without a lapse in membership



Applying for:  \$\_\_\_\_\_  \$50  \$150  \$250  \$300

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Master Provider – New    | <input type="checkbox"/> Cuatro Pasos     | <input type="checkbox"/> NAFCC New Accreditation: Self Study   |
| <input type="checkbox"/> Master Provider Renewal  | <input type="checkbox"/> Second Helping   | <input type="checkbox"/> NAFCC New Accreditation: Application  |
| <input type="checkbox"/> Certified M.E.N.T.O.R. 1 | <input type="checkbox"/> Sec. Help. T-T-T | <input type="checkbox"/> NAFCC Accreditation Annual Up-date    |
| <input type="checkbox"/> Certified M.E.N.T.O.R. 2 | <input type="checkbox"/> SH Renew T-T-T   | <input type="checkbox"/> NAFCC Re-Accredit Application         |
| <input type="checkbox"/> National CDA Renewal     | <input type="checkbox"/> NAFCC Observer   | <input type="checkbox"/> NAFCC Observer Refresher              |
|   |   | <input type="checkbox"/> NAFCC Accreditation Train-the-Trainer |

*Note: \$300/person/year is the maximum awarded in time period July 1, 2016 – June 30, 2017. Therefore, you must commit to pay the balance on credentials that exceed \$300.*

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name on Family Child Care License: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Check all that apply:  Registered  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: \_\_\_\_\_

If the credential applied for exceeds \$300, how do you plan to pay for the balance? \_\_\_\_\_

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** 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.

**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](mailto:aright933@aol.com)**

Office verification:

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

Application Revised 4-2017