

Florida Family Child Care Home Association, Inc.

Application for Credential Scholarship

Requirement: Must be a provider member for minimum of one year

Amount Applying for \$ _____ for Circle one: CDA, Second Helping, Master Provider, NAFCC Accreditation, NAFCC Observer Training, other _____

Name: _____ Area Rep _____

Mailing Address: _____ Email: _____

City _____ County: _____ State: FL Zip: _____

Phone: (_____) _____ Fax (_____) _____

Are you a full member of the state association? _____ How long? _____

Are you a member of a local association? _____ How long? _____

Name and President of local association _____

How long have you been a full time family child care provider? _____

What other events do you participate in that relate to your family child care? _____

Briefly explain what you, your parent clients, and other providers would gain by receiving this scholarship?

What are your future plans in family child care?

Why do you want this scholarship?

If accepted as a scholarship recipient, would you agree to sign a contract to return the money if you fail to meet the scholarship purpose? _____

Please submit this application along with a letter of recommendation from any two (2) of the following: agency person, your local family child care association president, a current client/parent in your home, or your food program sponsor to:

**FFCCHA Scholarship Chair: Diane Brown
3531 Martha Street
Jacksonville, FL 32209
904-353-4803-Phone
Brownskids@comcast.net**