



2017 WFCCA Conference Scholarship Application

Eligibility: Applicants must meet these criteria to be eligible. Please initial all.

____ I confirm that I am a regulated family child care provider. (licensed or certified)

____ My center has no current revocations or fines with DCF and/or a certifying agency.

____ I am a current member of WFCCA

____ Have you been awarded a WFCCA Scholarship in the past?

____ Yes (Year(s): _____) or ____ No

- You may not apply if you have been awarded a scholarship 3 years in a row.

____ If chosen to receive a scholarship, I will attend the WFCCA Annual conference at the Chula Vista in Wisconsin Dells.

Please check one:

____ Preconference Day Thursday May 5

____ 1 Day Friday May 6

____ 1 Day Saturday May 7

____ 2 Day Friday and Saturday

____ 3 Day Thursday - Saturday

Applicant Information:

First Name _____ Last Name: _____

Registry Level: _____ Years in the Field: _____

Address: _____ City: _____

Zip Code: _____ Phone: _____

Email: _____

How many people are living in your home (including yourself)? _____

Household Structure:

Single, no kids Single parent or grandparent Married/Partnered, no kids

Married/Partnered parent or grandparent

Center Name: _____

License and/or Certification Number: _____ Years in Operation: _____

Applicant Questions:

The mission of Wisconsin Family Child Care Association is to provide support, education, communication, and resources to family child care providers, families, and community members, while promoting professionalism and advocating within the early childhood field to provide quality care for children. As a member of WFCCA please describe how you help carry out that mission?

Please address your financial needs as to why a scholarship for the conference would be more beneficial to you and not another applicant?

If you have attended the WFCCA conference in the past, please describe your experience. What did it mean to you and what did you take away from it?

What influenced you to work in family child care?

How did you learn of the WFCCA conference scholarship?

Is there anything else about yourself or your professional development goals that you would like us to consider while reviewing your application?

Statement of Accuracy and Requirements for Applicant:

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

I also consent that if chosen to receive a scholarship my picture may be taken and used to promote the WFCCA scholarship program.

I hereby understand that if chosen to receive a scholarship, I must be present at lunch during the conference so I can be recognized as a scholarship recipient.

I hereby understand that if chosen to receive a scholarship, I will be required to provide a written reflection within a month of the conference and return it to the Scholarship Committee.

Signature of applicant: _____ **Date:** _____

SEND THE COMPLETED APPLICATION TO THE SCHOLARSHIP COMMITTEE AT:

MAIL:
WFCCA
c/o Scholarship Committee Chair
914 Therbrook Street
Chippewa Falls, WI 54729

FAX:
715-726-0185

EMAIL:
wisfcca@gmail.com

REMINDER:
The deadline for this application to be received by the
WFCCA Scholarship Committee is:
APRIL 1, 2017 NO EXCEPTIONS!