



2020 Annual Conference Scholarship Application

Eligibility: Applicants must meet these criteria to be eligible. To confirm your eligibility please initial all lines and enter the required information.

- _____ I am a current member of WFCCA Expiration Date: _____
(Your membership will be verified prior to you being considered for a scholarship.)
- _____ I am a regulated family child care provider (licensed or certified) and the center has
no current revocations or fines with DCF and/or certifying agency.
- _____ 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 2 years in a row.)

If chosen to receive a scholarship, I will attend the WFCCA Annual conference at the Chula Vista in Wisconsin Dells on: (Please check one)

- _____ Preconference Day Thursday April 30
_____ 1 Day Friday May 1
_____ 1 Day Saturday May 2
_____ 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: _____

Center Name: _____

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

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

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 the family child care field?

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 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.

I also consent that if chosen to receive a scholarship I will allow my picture to be taken and used along with your name 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.

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

If you receive a scholarship, WFCCA will email you confirmation by March 15th 2020. You will need to register before March 31st.

SEND THE COMPLETED APPLICATION TO THE SCHOLARSHIP COMMITTEE AT:

MAIL:

WFCCA
c/o Scholarship Committee Chair
4480 Coriander Ct
Kaukauna WI 54130

EMAIL:

wisfcca@gmail.com

REMINDER:

The deadline for this application to be received by the
WFCCA Scholarship Committee is **March 1, 2020**

Late applications will not be considered for a scholarship.