

SCHOLARSHIP APPLICATION

For Currently Licensed Alabama Family Child Care Providers or Group Home Assistants

POSTMARK BY MAY 15, 2014 FOR CONSIDERATION

All information must be complete in order to consider your application.

All information will remain confidential.

Name: _____

Resident Address: _____

City: _____ County: _____ State/Zip: _____

Mailing Address (if different): _____

Phone: _____ Cell Phone: _____ Email: _____

Number of Children Currently Enrolled: _____ Number of Children Allowed: _____

Scholarships will range between \$25 and \$150 per program. Please note there are FEWER scholarship dollars available to distribute for this year's conference.

Will you close your business any days in June in order to attend? Yes _____ No _____

If yes, what is your estimated business earnings loss? _____

If no, what is your estimated cost of hiring a substitute? _____

All information will remain confidential.

Check one:

☐ family child care home licensee ☐ group child care home licensee

☐ group home assistant

In the space below, please write a brief description of your need for assistance to enable you to attend the 2014, Focus on Family Child Care Conference. If granted, you will be required to complete an electronic registration process with Auburn University, and your scholarship payment will be mailed within 4-6 weeks **after** the conference. ***This form must be postmarked by May 15, 2014, to consider you for a scholarship. Late forms will not be reviewed unless additional funds become available. Include this form with your completed registration form and conference payment. **If you are registering online please still complete this form and have it postmarked by May 15, 2014, for consideration.*****
