

SCHOLARSHIP APPLICATION

For Currently Licensed Providers or Group Home Assistants

**POSTMARK BY MAY 15, 2013 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: \_\_\_\_\_

Amount of support requested: \$ \_\_\_\_\_

Will you close your business on June 7 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 2013, 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, 2013, 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, 2013, for consideration.\*\****

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