



# Volunteer Application for Scholarships for 2017 Conference Registrations "Enhancing Our Minds...In 2017"

**June 21-25, 2017**

**NEW Location: Embassy Suites, 4955 Kyngs Heath Rd, Kissimmee, FL 34746**



*Approved applicants applying for a partial scholarship will be required to volunteer 3 hours.*

**Volunteer Qualifications/Requirements:**

1. Be a current **provider member of FFCCHA** (keep valid thru June 30) operating as a **FL registered or licensed provider** ----Or be a current **Co-provider member of FFCCHA** (keep valid thru June 30) verify membership: amandawallace42@bellsouth.net
2. Complete and submit this scholarship form along with the **\$30.00 fee--NO Refunds**. Returned checks assessed a \$47 fee.
3. **Attend a volunteer orientation before going to conference:** check only one  
 \_\_\_ **Saturday** (English and Spanish orientations) at the **April** (Date TBA) **Full Board meeting** in Ocala, **select your own volunteer times – only at this on-site meeting (EVERYONE is encouraged to attend this face-to-face orientation!)**  
 \_\_\_ **May 16**(Tue) or **18**(Thur) both in English at 7:00 PM via **phone conference call** (call details emailed to you in May)  
 \_\_\_ **May 19**(Fri) or **22**(Mon) in **Spanish only** at 7:00 PM via **phone conference call** (call details emailed to you in May)  
 \_\_\_ **May 23**(Tue) in English for **NEW First-Time hostesses only** at 7:00 PM via **phone conference call** (details in May)
4. **Attend** the entire conference day(s) that you applied for. Turn in a **completed conference evaluation**.
5. **Wear** a **white blouse with black skirt or pants** when serving your 3 volunteer hours. (no tank tops or shorts)
6. **Sign-in** at conference and **fulfill your 3 hour volunteer duties as assigned**, return hostess paper, **and sign-out**.

Only a **completed form** submitted with a **\$30.00** check or money order made **payable to FFCCHA** will be accepted.

Or pay with credit card on-line on FFCCHA website: [www.familychildcare.org](http://www.familychildcare.org)

**Mail to:** FFCCHA Volunteers, c/o Connie Foster, 164 Poplar Drive, Interlachen, FL 32148

**Deadline: April 30, 2017**

Qualifying applications will be dated as received and **selected on a first come, first serve basis** until all scholarships have been awarded. All providers will be notified when received as to their acceptance status.

**All applications received by the April FB meeting will be entered in a drawing for a prizes!**

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**Select the Type of Registration you are applying for:**     Full conference (Thur pm/Friday/Saturday/Sun am)

Friday conference (8am-5pm only)     Saturday conference (8am-5pm only)     Saturday-Sunday conference

**Print Clearly:**

**Name:** \_\_\_\_\_ **Primary Language:** \_\_\_\_\_ **Secondary Language:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Local Chapter:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Name of FCC Home** \_\_\_\_\_ **Is this your first conference?** \_\_\_\_\_

**Check all that apply:**     Registered     Licensed     Large Licensed     VPK     NAFCC Accredited     NAFCC Observer     CDA  
 EHS     T.E.A.C.H.     W.A.G.E.S.     FFCCHA MENTOR     Director Credential     College Degree, Type \_\_\_\_\_

**Please rate your first 1<sup>st</sup> and 2<sup>nd</sup> preferences in volunteering (however, no guarantees)**

\_\_\_ English workshop hostess    \_\_\_ Fundraising Table worker    \_\_\_ Set-up Thur 2-5p    \_\_\_ Provider Celebration Sat night  
 \_\_\_ Spanish workshop hostess    \_\_\_ Registration Table worker    \_\_\_ Clean-up Sat 5pm    \_\_\_ other \_\_\_\_\_

**You must write 50 words or less** on how receiving a scholarship to this conference will benefit your child care.

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**PLEASE READ THE FOLLOWING STATEMENT ---- SIGN AND DATE!**

I, the undersigned, do hereby state: \_\_\_\_\_ check one below:

- \* I am a current Florida family child care **member** of FFCCHA, Inc. \_\_\_ **registered** \_\_\_ **licensed** \_\_\_ **co-provider**
- \* I understand that **if I do not attend** the conference or **fulfill** my three hours as a volunteer, my scholarship will be voided and **I will be responsible for the full cost of my registration**.
- \* All of the above information is correct.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

*If you need an accommodation because of a disability in order to participate in the child care training process; contact, Tammy Tener, Executive Director at least two weeks prior to the first training date at 407-234-3473 between 8:00 am and 6:00 pm. Calls can be received Monday - Friday.*

**Questions? Contact Connie Foster** at (386)684-1235, e-mail: [cfoster206@aol.com](mailto:cfoster206@aol.com) or fax (386)684-2345

**Conference scholarships go quickly. So don't be left out! Send completed form today!**

Office use only: Ck# \_\_\_\_\_ Received date: \_\_\_\_\_ Verified membership/expiration date: \_\_\_\_\_