

***COLORADO ASSOCIATION OF FAMILY CHILD CARE  
EDUCATION FOUNDATION  
GENERAL SCHOLARSHIP APPLICATION***

DATE \_\_\_\_\_  
 NAME \_\_\_\_\_  
 PHONE \_\_\_\_\_ E-Mail \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

AFFILIATE ASSOCIATION \_\_\_\_\_

ARE YOU CURRENTLY PROVIDING CHILD CARE? \_\_\_\_\_

DATE LICENSED \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

AMOUNT REQUESTED \_\_\_\_\_

After scholarship is granted, all expense receipts must be mailed to the CAFCCCEF Treasurer within 30 days after completion of event

NAME OF CONFERENCE/EVENT \_\_\_\_\_

Will you attend this event if requested funds are partially awarded? \_\_\_\_ Yes \_\_\_\_ No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please state your involvement during the past 3 years in CAFCC, CAFCCCEF and/or your Affiliate Association

Organization	Position Held Elected/Volunteer	Term Obligations/Duties

**Please use reverse side or separate sheet of paper to list describe how this grant money will improve the quality of your Licensed Child Care Home and how this Scholarship money will be spent.**

For consideration of these funds, the recipient must be agreeable to one of the following options:

1. \_\_\_\_ Single paragraph article for CAFCC newsletter
2. \_\_\_\_ Facilitate promotional table
3. \_\_\_\_ Workshop presenter

**MAIL TO**

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