

CAFCCCF SCHOLARSHIP APPLICATION

COLORADO ASSOCIATION OF FAMILY CHILD CARE EDUCATION FOUNDATION

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 CAFCCCF 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, CAFCCCF 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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