

Bennington County Child Care Association
Scholarship Request Application

Eligibility requirements:

1. You must be a BCCCA member (dues \$10/year).
2. You may request up to 50% of your overall cost, but it may not exceed \$500.00.
3. You may use the money for Substitutes while you go to a class or course, tuition for a course, registration or travel for a workshop or conference.
4. Applicant must apply in advance of the event for which funding is required.
5. The course, conference, workshop, must be related to the Child Care field.
6. ALL recipients must submit a Certificate of Completion after the class/workshop is completed.
7. If your request is over \$100.00, the Applicant agrees to do one of the following:
 - a. If you are requesting funding towards a CDA course, you will need to submit upon completion of the course, copies of your Autobiography and 6 Statements of Competency, along with any other information you would like to share.
 - b. If you are requesting funding towards a **Mother Goose** course, you will need to submit in return a copy of your Class Exploration Project.
 - c. If you are using the funding towards any other type of course or workshop, then you will need to submit a written and/or oral presentation to the BCCCA membership after taking the course, workshop, or conference.
8. Please include all information as requested and print or type application clearly. If this application is not complete or unclear, it will not be considered and will be returned to the applicant.

Name: _____

Address: _____

Home Phone: _____

Business Phone: _____

Are you a BCCCA Member? _____

Have you participated in the Starting Points Child Care Support Network Events? _____

Scholarship will be used for (please ***be specific***: if applying for college courses, please include **college's name** along with **course name [s]** and **number[s]** and date to begin; if applying for a conference, please include sponsoring agency, conference title, date and place):

Child Care business you work for or your involvement in the child care field: _____

Please tell why it is important for your child care career to take this course or to attend this conference:

Please give a summary of your costs for this course, workshop or conference:

Registration Fees: _____ Books: _____

Transportation: _____ Substitute or Child Care: _____

Other Expenses: _____

Total Amount of Expenses: _____

BCCCA Scholarship Request: Expense Total ÷ 2 = _____
(Total request from BCCCA may not be more than 50% of the total expense or more than \$500.00)

Please include a copy of registration information or tuition invoice.
Please include a list of other funding sources you are utilizing, if any:

<u>Other Funding Sources</u>	<u>Award Amount</u>	<u>Secured or Pending</u>
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I agree to reimburse BCCCA if I receive other funding that exceeds my total cost or if I do not complete this course/session.

(Signature) _____ Date _____

Please make payable to: _____

Mail to (Address): _____

Funds are awarded at the discretion of the BCCCA Board approval, and funding available at the time of your request.

IF ADDITIONAL SPACE IS NEEDED, PLEASE USE ADDITIONAL PAPER

FOR OFFICE USE ONLY

Decision: _____ Check Sent: _____ Date: _____