

**Golden Corridor
Association for the Education of Young Children**

APPLICATION FOR SCHOLARSHIP OR GRANT

A separate application is required for each scholarship or grant. This form may be copied if needed.

Application for: (Please check)

- | | |
|---|---|
| <input type="checkbox"/> Student Scholarship | <input type="checkbox"/> CDA Scholarship |
| <input type="checkbox"/> Conference Grant | <input type="checkbox"/> IL Director Credential Grant |
| <input type="checkbox"/> Accreditation or Reaccreditation Grant | |

NAEYC Membership number (from membership card and mailing labels): _____

Date: _____ Applicant's Name: _____

Home Address: _____ Apt. #: _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Place of Employment: _____

Work Address: _____

City: _____ Zip Code: _____

Job Title: _____

College or University Attending: _____

Other Scholarships, Grants, or Funding for which you are/have applied or are eligible (indicate amount and source) _____

How you plan to improve or enhance your professionalism with the use of these funds (100 words or less) Attach additional page if needed. _____

Complete number 1, 2, 3, 4 or 5 in relation to the type of scholarship for which you are applying

1. For STUDENT SCHOLARSHIP

Course title in which you are enrolled _____

Estimated cost for course and books _____

Other Early Childhood courses you have taken: _____

Graduation Date: _____ Years in Early Childhood Field: _____

Does your employer reimburse tuition costs? _____ How much? _____

Note: TWO letters of recommendation must accompany this application. ONE letter of recommendation must be from the director of your program or a course instructor. The SECOND letter must be from another person in the Early Childhood Profession.

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2. For CDA SCHOLARSHIP

Name of Advisor (Please print clearly): _____

Expected date of completion: _____

Note: TWO letters of recommendation must accompany this application. ONE letter of recommendation must be from the advisor with whom you are working. The SECOND letter must be from the director of your program.

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3. For CONFERENCE GRANT

Name of Conference you will be attending: _____

Date(s): _____

Location: _____

Location: _____ Registration Fee: _____

Estimated Additional Expenses (Please Itemize): _____

Note: TWO letters of recommendation must accompany this application. ONE letter of recommendation must be from the director of your program or a course instructor. The SECOND letter must be from another person in the Early Childhood profession.

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4. For ILLINOIS DIRECTOR CREDENTIAL GRANT

Anticipated Date of Receiving Certificate: _____

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5. For ACCREDITATION OR REACCREDITATION GRANT

Is this a first-time accreditation? _____ Reaccreditation? _____

If going for reaccreditation, how long has your program been accredited? _____

When did you (do you) apply for accreditation? _____

When do you expect to submit the program description to the academy? _____

Have you applied to CCR&R or other sources (indicate sources) for funds? _____

Status of that application? _____

Grant amount requested: _____

* * * * *

I would like a mentor to contact me or visit our school _____ *yes* _____ *no*

* * * * *

I attest that the above information is complete and correct to the best of my knowledge.

Signature: _____ Date: _____

Send Completed application to: Linda Wywialowski
c/o Community Child Care Center of Palatine Township
721 S. Quentin Rd.
Palatine, IL 60067

Office use only:

Approved _____
Signature _____ Print Name _____ Date _____

Approved _____
Signature _____ Print Name _____ Date _____

Approved _____
Signature _____ Print Name _____ Date _____