



SSAEYC Scholarship Policies and Procedures

Our mission is to support individuals who wish to further their knowledge and education in Early Childhood Education and their ability to provide quality child care by awarding financial grants from SSAEYC. All scholarship recipients are expected to be SSAEYC members but scholarships of \$25 can be requested for membership. All disbursements for financial support will be made to the training facility, **not** an individual. Applicants are asked **not** to prepay for training. The maximum for scholarships per calendar year is up to \$400 for each individual, but the amount of the scholarship will be determined by the SSAEYC board, based on money available, the number of requests received each month, and on an individual basis. **All funding for scholarships is generated by our annual conference in September!**

1. Scholarship candidates who are eligible for funding from other sources, such as STARS (<https://www.2.wa.gov/dshs/stars/>) or PELL grants should explore those and other opportunities first. The web site <http://www.college-scholarships.com/washington.htm> may be helpful to you in finding other sources of funding.
2. Applicants are expected to turn in an application **at least** one month prior to the event they wish to attend. ECE training & classes, CDA preparation classes, and 1/2 of the cost for First Aid, CPR, Food Handlers permits, and HIV/AIDs classes qualify for consideration. Applications should be filled out as fully as possible and printed legibly. Applications received which are vague, illegible, or incomplete will be returned.
3. Licensed Family Child Care Providers and licensed Center-Based Infant, Toddler, Preschool, and School Aged Child Care staff will be considered for scholarships. Other professionals involved in the care and education of young children and families will also be considered.
4. Applicants with the greatest financial need will be considered highest priority.
5. Scholarships recipients will be required to complete all training opportunities and to submit copy of their Certificate of Completion or transcript. When training is **NOT** completed, it is expected that the money will be returned to SSAEYC by the individual.
7. A follow up report form will be expected from each recipient upon completion of any training opportunity. Professionals may be asked to present training, on what they training. Requests for additional scholarships will not be considered if SSAEYC membership has not been maintained.



South Sound Association for the
Education of Young Children

Scholarship Request Form for SSAEYC

All requests must be made **at least one month in advance of the educational event you wish to attend**. Use an additional page if needed and please print neatly! If you have questions, please call or email Charlotte Beyers, 360-491-1988 or CB4410@aol.com.

Your Name, please print: _____ Date: _____

Mailing Address: Please print city, state, & zip code. _____

Home Phone: _____ Work Phone: _____ Email Address: _____

Are you a Family Child Care Provider: Yes ___ No ___

Professional Position: _____ Employment or Affiliation: _____

Full-Time _____ Part Time: _____ Years in Early Childhood Education: _____

Are you a current AEYC member? (This is required and will be verified.) Yes ___ No ___
Membership Number: _____ (It's on the address label of your Journal.)

Have we awarded you a previous scholarship? Yes ___ No ___ If so: _____.

When and how much? _____

We would like you to seek other funding sources first. Have you received other financial support for this training? Yes ___ No ___ If so, please explain.

Will you be attending this event to meet STARS or other required training? Yes ___ No ___ If so, please describe. _____ A STARS application will be attached. If you are a Family Child Care Provider or a Center-based director or teacher you are probably eligible. How much STARS funding have you received this year? _____

Can you describe your financial need very briefly, to help us make fair scholarship decisions?

Do you have future goals in Early Childhood Education? If so, how will this scholarship help you meet these goals? _____

Please describe the event or class you wish to attend, the dates, and **attach** any printed information about it. _____

What amount are you requesting to attend the above event? _____ We ask that you not prepay. Who should we write the check to if your scholarship application is accepted?

Explain how attending this event will help you to provide quality child care.

How will you share the information you gain with others?

Is there anything else you would like us to know? _____

You will be notified after the next SSAEYC Board meeting where Scholarship decisions are made.

I agree to provide the Scholarship Committee with "Proof of Attendance" and a summary of the education I have received within thirty days of the training. I have read and understand SSAEYC's Scholarship Policies and Procedures.

Applicant's Signature

date

Please mail this application to the
Scholarship Committee, P.O. Box 11275, Olympia, WA 98508-1275.



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Scholarship Report Form for SSAEYC
This form is required to be completed within 30 days after training.

Date: _____ Name: _____

Mailing Address: _____

Email Address: _____ Phone #'s: H: _____ W: _____

Training attended? _____ Hours Attended: _____
Please attach copy of Certificate of Training.

Date(s) of the training: _____

What was the most important information or skill you gained?

In what ways have you shared or will share of the information you gained from this opportunity?

What else would you like to share with us about your experience?

Please keep in contact with us about your future plans and successes.

Return this form to: SSAEYC Scholarship Committee
P.O. Box 11275, Olympia, WA 98508-1275