

**NAEYC, PennAEYC, & Your Local Affiliate Chapter
NEW STUDENT MEMBERSHIP SCHOLARSHIP
APPLICATION**

As an organization, the Pennsylvania Association for the Education of Young Children is committed to developing a larger and more inclusive membership. Our new student member scholarship grant is funded by PennAEYC, its local affiliate chapters, and NAEYC to help us reach our objectives. New student member scholarships of \$45 will be available beginning in January 2005 until funds are exhausted. Membership links you to the National AEYC (NAEYC,) PennAEYC, and your local Affiliate Chapter. Benefits include NAEYC's journal Young Children, discounts, state and local newsletters and professional development opportunities.

Applicant Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

County of Residence _____ Local Affiliate _____

How did you learn about this scholarship? _____

Are you or have you been a member of NAEYC within the past 5 years? ____

Membership Type: student _____ Cost \$45 _____

Tell us about yourself. (check all that apply)

student home child care provider college educator
 teacher program director trainer
 resource/referral specialist other: _____
 high school graduate C.D.A.
 college student/graduate; college: _____

Gender: male female

Age: 18-25 yrs 26-35 yrs 36-45 yrs 46-55 yrs over 55

Race/Ethnicity

African American Hispanic American Indian/Alaska Native
 Asian American/Pacific Islander Nonhispanic Caucasian

Age Group with whom you work: (check all that apply)

Infants Toddlers 3-5 year olds School age
 College age Adults

Preferred local affiliate roles/contributions: (check all that apply)

help with administrative tasks help at conference or other event
 work on a committee: Membership Week of the Young Child
 Advocacy/Public Policy Accreditation Programs
 other: _____

In a brief essay, answer these questions and attach to this sheet:

- 1. How do you think membership in a professional organization will impact your work with children and families?*
- 2. How do you think membership in a professional organization will impact you as an early childhood professional?*
- 3. How will you become an active member of your local affiliate organization? How will this impact you as an early childhood professional?*

I agree to use this scholarship for the benefit of my professional development and my local affiliate. The statements I have made in this application are true.

Applicant signature: _____ Date: _____

Mail between January and May 2005 to:

CAAAYC

P.O. Box 13

Enola, PA 17025

e-mail: pennst8er@epix.net

Date received by AEYC: _____

Received by: _____

Date letter sent: _____

Sent by: _____